

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90041 004 \*\*\*150.00

0315151 AV

**DOCUMENT # S69559**

1. Entity Name

PROTEK & ASSOCIATES, INC.

Principal Place of Business

817 N.W. 1ST STREET  
 FT. LAUDERDALE FL 33311  
 US

Mailing Address

817 N.W. 1ST STREET  
 FT. LAUDERDALE FL 33311  
 US

2. Principal Place of Business

2700 NW 62 Street

Suite, Apt. #, etc.

C-109

City & State

Fort Lauderdale

Zip

33309

Country

Broward

3. Mailing Address

3170 Airmans Drive

Suite, Apt. #, etc.

City & State

Fort Pierce

Zip

34946

Country

ST. LUCIE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0274852

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

BELGAU, ROBERT J

817 N.W. 1ST STREET

FT. LAUDERDALE FL 33311

Name

Street Address (P.O. Box Number is not Acceptable)

3170 Airmans Dr.

City

Fort Pierce

FL

Zip Code

34946

7. Name and Address of New Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*Jeanne Belgau* *Jeanne Belgau* *ST* *1/23/02*

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DPV ☐ Delete  
 NAME BELGAU, ROBERT J  
 STREET ADDRESS 817 NW 1ST STREET  
 CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE ST ☐ Delete  
 NAME BELGAU, JEANNE  
 STREET ADDRESS 817-NW-1ST-STREET  
 CITY-ST-ZIP FT. LAUDERDALE FL 33311

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPV ☒ Change ☐ Addition  
 NAME Belgau Robert J  
 STREET ADDRESS 3170 Airmans Dr.  
 CITY-ST-ZIP Fort Pierce, FL 34946

TITLE ST ☒ Change ☐ Addition  
 NAME Belgau Jeanne  
 STREET ADDRESS 3170 Airmans Dr.  
 CITY-ST-ZIP Fort Pierce, FL 34946

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jeanne Belgau* *Jeanne Belgau*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/23/02* *561-464-4567*

CR2E034 (9/01)