

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90149 009 ***150.00

DOCUMENT # V11627

1. Entity Name
PROTOTYPE TECHNOLOGIES INC.

Principal Place of Business

~~5703 PINKNEY AVE~~
~~SARASOTA FL 34233~~

Mailing Address

~~5703 PINKNEY AVE~~
~~SARASOTA FL 34233~~

765242

2804 29TH AVE

2. Principal Place of Business

~~BRADENTON FL~~

3. Mailing Address

2804 29TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BRADENTON, FL 34208

City & State

BRADENTON, FL

4. FEI Number

59-2842869

Applied For

Not Applicable

Zip

34208

Country

USA

Zip

34208

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LES GARDI, CPA
 7061 S TAMiami TrL
 SARASOTA FL 34231-5559

Name

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

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
 NAME SZILAGYI, LASZLO
 STREET ADDRESS 5814 E DEER HOLLOW LN
 CITY-ST-ZIP SARASOTA FL

TITLE PD ☐ Change ☐ Addition
 NAME LASZLO SZILAGYI, JR
 STREET ADDRESS 3516 5TH ST E
 CITY-ST-ZIP BRADENTON 34208

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laszlo Szilagyi 04-30-01941-344-5245

Date

Daytime Phone #

CR2E034 (10/00)