

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90132 019 ***150.00

DOCUMENT # V14631

1. Entity Name

PROTECTION DESIGN COMPANY, INC.

Principal Place of Business

6800 E. ROGERS CIRCLE
 BOCA RATON FL 33496-2473
 US

Mailing Address

5030 CHAMPION BLVD
 6-247
 BOCA RATON FL 33496
 US

2. Principal Place of Business

6600 E. Rogers Circle

Suite, Apt. #, etc.

Boca Raton, Florida

City & State

33487 US

Zip

Country

3. Mailing Address

5030 Champion Blvd, G6-247

Suite, Apt. #, etc.

Boca Raton, FL

City & State

33496-2473

Zip

Country

4. FEI Number

65-0311823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DICKMANN, BARBARA A
 4205 CEDAR CREEK ROAD
 BOCA RATON FL 33487

*ADDRESS
 Change*

7. Name and Address of New Registered Agent

Name

Barbara A. Dickmann

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

4880 Glenn Pine Lane

City

Boynton Beach

FL

Zip Code

33436

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

TITLE	P	<input type="checkbox"/> Delete
NAME	DICKMANN, BARBARA A	
STREET ADDRESS	4880 GLENN PINE LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436-6156	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DICKMANN, THOMAS C	
STREET ADDRESS	4880GLENN PINE LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436-6156	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRONENGOLD, CHERYL L	
STREET ADDRESS	308 SW 29TH AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input type="checkbox"/> Delete
NAME	DICKMANN, CRAIG T	
STREET ADDRESS	186 A HULL STREET	
CITY-ST-ZIP	HINGHAM MA 02043	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Barbara A. Dickmann
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Barbara A. Dickmann

April 17, 2001 (561)997-0903

Date

Daytime Phone #

CR2E034 (10/00)