

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90244 030 ***550.00

DOCUMENT # L02343	
1. Entity Name ROYAL SECURITY, INC.	
Principal Place of Business C/O PATRICIA CARMEN MARKUSIC 1061 WILLOW GROVE STREET ALTAMONTE SPRINGS FL 32701	Mailing Address C/O PATRICIA CARMEN MARKUSIC 1061 WILLOW GROVE STREET ALTAMONTE SPRINGS FL 32701
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
4. FEI Number 59-2960058	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MARKUSIC, PATRICIA CARMEN 1061 WILLOW GROVE STREET ALTAMONTE SPRINGS FL 32701		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
		FL	

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 _____ (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. **FILE NOW!!! FEE IS \$550.00**
After September 12, 2001 Fee will be \$750.00
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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKUSIC, PATRICIA C.	NAME	
STREET ADDRESS	1061 WILLOW GROVE ST.	STREET ADDRESS	
CITY-ST-ZIP	ALTMONTE SPGS FL	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKUSIC, MATTHEW M.	NAME	MATTHEW M. MARKUSIC
STREET ADDRESS	1061 WILLOW GROVE ST.	STREET ADDRESS	1061 WILLOW GROVE ST.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	SECRETARY
STREET ADDRESS		STREET ADDRESS	MATTHEW M. MARKUSIC
CITY-ST-ZIP		CITY-ST-ZIP	4032 LAKE UNDERHILL RT. APT. 308
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **8-28-01** **407-339-1007**
 Date Daytime Phone #

CRP2E034 (5/01)