## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 01, 2002 8:00 am § Secretary of State DOCUMENT # L02343 1. Entity Name 05-01-2002 91496 019 \*\*\*150.00 ROYAL SECURITY, INC. Principal Place of Business Mailing Address C/O PATRICIA CARMEN MARKUSIC C/O PATRICIA CARMEN MARKUSIC 8786850 1061 WILLOW GROVE STREET 1061 WILLOW GROVE STREET ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2960058 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARKUSIC, PATRICIA CARMEN Street Address (P.O. Box Number is Not Acceptable) 1061 WILLOW GROVE STREET ALTAMONTE SPRINGS FL 32701 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MARKUSIC, PATRICIA C. NAME STREET ADDRESS 1061 WILLOW GROVE ST. STREET ADDRESS CITY-ST-ZIP ALTMONTE SPGS FL CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME MARKUSIC, MATTHEW M. NAME STREET ADDRESS STREET ADDRESS 1061 WILLOW GROVE ST. CITY-ST-7IP CITY-ST-7IP ALTAMONTE SPRINGS FK TITLE. Summer and a summer of the sum TITLE . . Addition MANHEW P. MARKUSIC NAME MARKUSIC, MATHEW NAME APT. 103 623 CALIBER CREST. PLOUS STREET ADDRESS STREET ADDRESS 4132 LAKE UNDERHILL RT APT 308 CITY-ST-7IP CITY-ST-ZIP ALTAMONTE SPRINGS, FL 3220, ORLANDO FL Addition TITLE □ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITL F Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-8~ 402-378-(007

**FILED**