


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90113 003 ***150.00

DOCUMENT # P95000048875

1. Entity Name
FORCE SECURITY SYSTEMS, INC.



Principal Place of Business
**220 E. MADISON STREET.. #1000
TAMPA FL 33602
US**

Mailing Address
**220 E. MADISON STREET.. #1000
TAMPA FL 33602
US**

2. Principal Place of Business
2006 Linsey St.
Suite, Apt. #, etc.

3. Mailing Address
2006 Linsey St
Suite, Apt. #, etc.

City & State
Tampa FL

City & State
Tampa FL

Zip
33605 Country
US

Zip
33605 Country
US

4. FEI Number **59-3336813** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**VELASCO, MONTY
220 E. MADISON, #1000
TAMPA FL 33602**

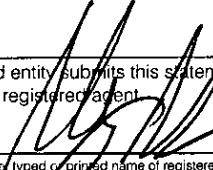
7. Name and Address of New Registered Agent

Name **Velasco, Monty**

Street Address (P.O. Box Number is Not Acceptable)
8818 Baypointe Dr. D-208

City **Tampa** State **FL** Zip Code **33615**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Monty Velasco** DATE **3-5-2003**

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	VELASCO, MONTY
STREET ADDRESS	220 E. MADISON STREET., #1000
CITY-ST-ZIP	TAMPA FL 33602
TITLE	P <input type="checkbox"/> Delete
NAME	VELASCO, ROBERT
STREET ADDRESS	220 E. MADISON STREET., #1000
CITY-ST-ZIP	TAMPA FL 33602
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Velasco, Robert
STREET ADDRESS	2006 Linsey Street
CITY-ST-ZIP	TAMPA, FL 33605
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **3/5/03** DAYTIME PHONE # **813-228-0936**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
AV
CR2E034 (10/02)