

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S28659**

1. Entity Name
SECURE ONE PROTECTION SERVICES, INC.

Principal Place of Business
**P.O. BOX 51528
JACKSONVILLE FL 32240-1528**

Mailing Address
**P.O. BOX 51528
JACKSONVILLE FL 32240-1528**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90915 004 ***150.00

0032459 AV



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3258520		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SMITH, JAMES J JR 1958 BEACHSIDE CT ATLANTIC BEACH FL 32233				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		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 \$150.00**
After May 1, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PS						
	SMITH, JAMES J JR.	PO BOX 51172	JAX BEACH FL 32240-1172				
	VP						
	SMITH, ROBERT F	1415 TREE SPLIT LN	NEPTUNE BEACH FL 32266				
	T						
	WATTERS, JEFF H	14326 DAHLONEGA LN	JACKSONVILLE FL 32224				

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: *Jeff Watters* **JEFF WATTERS** **3-28-02** **904 246-5600**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)