

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071244

1. Entity Name

NATIONAL PROTECTIVE SERVICES OF AMERICA, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90182 011 ***150.00

Principal Place of Business

Mailing Address

4000 DOW RD., #7
FL 32934

P.O. BOX 120278
W. MELBOURNE FL 32912-0278
US

900540



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4355 Dow Rd
Suite, Apt. #, etc.
B-35

Suite, Apt. #, etc.

City & State
Melbourne, FL

City & State

4. FEI Number NOT APPLICABLE

Applied For
Not Applicable

Zip
32934

Country
BREVARD

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIDLE, CHRIS
4000 DOW RD., #7
MELBOURNE FL 32934

Name

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

4355 Dow Rd
B-35

City

Melbourne, FL

FL

Zip Code

32934

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

1-10-00

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, 2000 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
P
SPIDLE, CHRIS
9030 MANCHESTER LN #E
W MELBOURNE FL 32904 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-00 321-936-9076

CR2E034 (9/99)