

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S28659

1. Entity Name

SECURE ONE PROTECTION SERVICES, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90197 020 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 50692
JACKSONVILLE BEACH FL 32240-0692

P.O. BOX 50692
JACKSONVILLE BEACH FL 32240-0692

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3258520

Applied For

Not Applicable

Zip

Country

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

-CORRECTION-
SMITH, JAMES J JR
~~1980~~ BEACHSIDE CT
ATLANTIC BEACH FL 32233

Name

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

City

FL

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)

DATE

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 PST
NAME SMITH, JAMES J JR.
STREET ADDRESS PO BOX 51172
CITY-ST-ZIP JAX BEACH FL 32240-1172 ☐ Delete

TITLE PS
NAME SMITH, JAMES J JR.
STREET ADDRESS PO BOX 51172
CITY-ST-ZIP JAX BEACH, FL 32240-1172 ☒ Change ☐ Addition

TITLE VP
NAME SMITH, ROBERT F
STREET ADDRESS 1415 TREE SPLIT LN
CITY-ST-ZIP NEPTUNE BEACH FL 32266 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE T
NAME JEFF H. WATTERS
STREET ADDRESS 14326 DAHLONEGA LN.
CITY-ST-ZIP JACKSONVILLE, FL 32224 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES J. SMITH, JR.

Date

Daytime Phone #

1-10-00 904-246-5600

CR2E034 (9/99)