

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90130 026 \*\*\*150.00

**DOCUMENT # P08640****1. Entity Name**  
**SECURITY FORCES, INC.****Principal Place of Business**1020 EUCLID AVENUE  
P.O. BOX 36607  
CHARLOTTE NC 28236-6607**Mailing Address**1020 EUCLID AVENUE  
P.O. BOX 36607  
CHARLOTTE NC 28236-6607**2. Principal Place of Business**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**4. FEI Number** **56-0515447**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**TRULL, ROBERT C.  
4962 PINE AVENUE  
WINTER PARK FL 32792

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, 2001 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	V	<input type="checkbox"/> Delete
NAME	POUNDS, STEVEN C	
STREET ADDRESS	1506 SPRING POINT RD.	
CITY-ST-ZIP	ROCK HILL SC 29732	
TITLE	SVDT	<input type="checkbox"/> Delete
NAME	CLARK, DONALD W	
STREET ADDRESS	3932 LAKESHORE ROAD SOUTH	
CITY-ST-ZIP	DENVER NC	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WATSON, ROBERT C	
STREET ADDRESS	501 HEATHERMOOR CT.	
CITY-ST-ZIP	CHARLOTTE NC 28209	
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"/> 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	PRESIDENT & CHAIRMAN OF BOARD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWRENCE J. O'BRIEN JR	
STREET ADDRESS	1042 BOWLING RD	
CITY-ST-ZIP	CHARLOTTE NC 28207	
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		

**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:**

CFO

STEVEN C. POUNDS

3-6-01

704-334-4751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)