

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90260 020 ***150.00

DOCUMENT # P25235

1. Entity Name
**UNITED STATES PROTECTIVE SERVICES
CORPORATION**



Principal Place of Business
**P.O. BOX 28222
CLEVELAND, OH 44128-0222**

Mailing Address
**P.O. BOX 28222
CLEVELAND, OH 44128-0222**

20001331



DO NOT WRITE IN THIS SPACE

01102006 No Chg-P CR2E034 (11/05)

4. FEI Number **34-1611633** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SIMON, MICHAEL W
120 E PALMETTO PARK RD
STE 100
BOCA RATON, FL 33432**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COHEN, GILDA
STREET ADDRESS	18200 MILES ROAD
CITY-ST-ZIP	CLEVELAND, OH 44128
TITLE	V
NAME	COHEN, MARCH
STREET ADDRESS	32100 TRACY LANE
CITY-ST-ZIP	SOLO, OH 44139
TITLE	V
NAME	COHEN, JEFFREY
STREET ADDRESS	32573 TRAILWOOD COURT
CITY-ST-ZIP	SOLO, OH 44139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jeffrey B Cohen 1/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #