

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90169 020 ***150.00

DOCUMENT # P98000071244

1. Entity Name

NATIONAL PROTECTIVE SERVICES OF AMERICA, INC.



Principal Place of Business
**115 HICKORY STREET NW
WEST MELBOURNE FL 32904**

Mailing Address
**P.O. BOX 120278
W. MELBOURNE FL 32912
US**

10000001



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

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

**SPIDLE, CHRIS
4355 DOW RD
MELBOURNE FL 32934**

Name **Spidle, Chris**
Street Address (P.O. Box Number is Not Acceptable)
115 Hickory St NW #206
City **West Melbourne** FL Zip Code **32904**

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SPIDLE, CHRIS**
STREET ADDRESS **9012 WEDGEWOOD PL, #6**
CITY-ST-ZIP **W. MELBOURNE FL 32904**

TITLE **P** ☒ Change ☐ Addition
NAME **Spidle, Chris**
STREET ADDRESS **115 Hickory St NW #206**
CITY-ST-ZIP **West Melbourne, FL 32904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 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

Date

Daytime Phone #

321-733-6424

CR2E034 (10/02)