

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000092074

**Entity Name:** S.T.A.R. SECURITY ACADEMY INCORPORATED

**Current Principal Place of Business:**

2811 SW SUN CT  
PORT SAINT LUCIE, FL 34953

**Current Mailing Address:**

869 S. KINGS HWY  
FORT PIERCE, FL 34945 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ULFARSSON, BJORN K  
2811 SW SUN CT  
PORT SAINT LUCIE, FL 34953 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title	PRES	Title	COO
Name	ULFARSSON, BJORN K	Name	HARRINGTON, STEVEN L
Address	2811 SW SUN CT	Address	869 S. KINGS HWY
City-State-Zip:	PORT SAINT LUCIE FL 34953	City-State-Zip:	FORT PIERCE FL 34945

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BJORN ULFARSSON

**PRESIDENT**

**01/20/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date