

FILED
Jun 22, 2001 8:00 am
Secretary of State

05-19-2001 90286 011 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 366417**

1. Entity Name

ARMOUR INDUSTRIAL SECURITY INC

Principal Place of Business

4331 NORTH FEDERAL HWY. SUITE 203
FT. LAUDERDALE FL 33308

Mailing Address

4331 NORTH FEDERAL HWY. SUITE 203
FT. LAUDERDALE FL 33308-5252

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FB Number

59-1299673

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ERIC S. GLATTER, P.A.

5295 Town Center Road

Suite 301

Boca Raton, FL 33486

7. Name and Address of New Registered Agent

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, type or print name of registered agent and title if applicable

(NOT E: Registered Agent's Signature required when re-registering)

6/19/01

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ Delete
PTD	ENGLESON, ROBERT H.	4331 N FEDERAL HWY #203	FT LAUDERDALE FL	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ Change	☐ Addition
PTD	GARY PRYOR	4679 No. Federal Highway, Suite 106	Lighthouse Pointe, FL 33064		
TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	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 19.07(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 to this report, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

4/16/01 954 942 7000

Date

License Number

CR2F034 (9/99)