

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

0369428 AV

DOCUMENT # 463237

1. Entity Name
DEFENDER GUARD SERVICE, INC.

04-03-2002 90185 015 ***150.00



| | |
|---|--|
| Principal Place of Business 23257 STATE RD. 7 STE. 209 BOCA RATON FL 33428 US | Mailing Address 23257 STATE ROAD 7 STE. 209 BOCA RATON FL 33428 US |
|---|--|

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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 59-1555906 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

| | |
|---|---|
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| ESPOSITO, DOMINICK 23257 STATE ROAD 7, STE. 104 BOCA RATON FL 33428 | 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 _____ (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) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--|--|--|
| TITLE P | <input type="checkbox"/> Delete ESPOSITO, DOMINICK P. 23257 STATE ROAD 7 BOCA RATON FL | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VP | <input type="checkbox"/> Delete GLASSER, CLYNTHIA 2325 STATE ROAD 7 BOCA RATON FL | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE ST | <input type="checkbox"/> Delete GLASSER, RUTH M. 23257 STATE ROAD 7 BOCA RATON FL | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | <input type="checkbox"/> Delete | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | <input type="checkbox"/> Delete | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | <input type="checkbox"/> Delete | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

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 employees.

SIGNATURE: *Dom Esposito* **3/24/02** **561-482-4507**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)