

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

DOCUMENT # 476662

1. Entity Name
AMERICAN SECURITY, INC.



03-19-2003 90372 001 ***150.00
03-19-2003 90372 002 *****8.75

Principal Place of Business
**103 HOLLYWOOD BLVD., N.W.
FT. WALTON BCH. FL 32548**

Mailing Address
**103 HOLLYWOOD BLVD., N.W.
STE. B
FT. WALTON BCH. FL 32548**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 434
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Niceville FL

4. FEI Number
59-1608571

Applied For
☐ Not Applicable

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

Zip Country
32588-0434 Okaloosa

6. Name and Address of Current Registered Agent
**MC DANIELS, CHARLES E.
103 HOLLYWOOD BLVD., N.W.
FT. WALTON BCH. FL 32548**

7. Name and Address of New Registered Agent
Name
Darla J. Mohnasky
Street Address (P.O. Box Number is Not Acceptable)
11176 Emerald Coast Parkway
City
Destin FL Zip Code
32550

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 **Darla J. Mohnasky, President** **03/01/03**
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 NAME STREET ADDRESS CITY-ST-ZIP	PTS MCDANIELS, CHARLES E 103 HOLLYWOOD BLVD N.W. STE B FORT WALTON FL 32548	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T McDaniels, Charles E 103 Hollywood Blvd NW Ste B Ft Walton Bch, FL 32548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCDANIELS, MARIE H 103 HOLLYWOOD BLVD N.W. STE B FORT WALTON FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Darla J. Mohnasky 103 Hollywood Blvd Ste B Ft Walton Beach FL 32548	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Tom M. Mohnasky 103 Hollywood Blvd NW Ste B Ft Walton Beach FL 32548	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Darla J. Mohnasky, President** **03/01/03** **850-830-5425**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)