

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT# 679768

1. Entity Name

TRI-STATE SECURITY PATROL, INC.

FILED

03 JUL 24 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

900022370319
08/18/03--01014--011 **\$1.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. Box 438 PANACEA FL 32358
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 438 PANACEA FL 32358
Suite, Apt. #, etc.

City & State
PANACEA FL 32358
Zip
32358
Country
FLORIDA

City & State
PANACEA FL 32358
Zip
32358
Country
FLORIDA

4. FEI Number
59-2068599
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ROBERT E LEE

Street Address (P.O. Box Number is Not Acceptable)
4 GRETCHEN LANE

City Sopchoppy FL Zip Code 32358

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 Robert E Lee
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-23-03
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 | P. LEE, ROBERT E 4 GRETCHEN LANE Sopchoppy FL 32358 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SANDRA A. LEE 2 GRETCHEN LANE Sopchoppy FL 32358 |
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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE: Robert E Lee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-03
Date

Daytime Phone #

CR2E034B (12/01)