

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90168 045 ****61.25

DOCUMENT # 748183

1. Entity Name:

EMBASSY HILLS SECURITY PATROL, INC.

Principal Place of Business

Mailing Address

**9509 PALM AVENUE
 PORT RICHEY FL 34668**

**9509 PALM AVENUE
 PORT RICHEY FL 34668**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1931586

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NUCE, RONALD
 9040 SHALLOWFORD LN.
 PORT RICHEY FL 34668**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	NUCE, RONALD	
STREET ADDRESS	9040 SHALLOWFORD LN.	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	T	<input type="checkbox"/> Delete
NAME	TUBBS, KATHLEEN	
STREET ADDRESS	7025 KINGSWAY DR.	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GARRETT, ROBERT	
STREET ADDRESS	7310 PALMINO DR.	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	RS	<input checked="" type="checkbox"/> Delete
NAME	PRICE, GERALD	
STREET ADDRESS	9221 COCHISE LN.	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARKER, JOE	
STREET ADDRESS	9204 LIDO LN.	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	D	<input type="checkbox"/> Delete
NAME	TUBBS, WILLIAM	
STREET ADDRESS	7025 KINGSWAY DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL GRUBE	
STREET ADDRESS	9129 ST. CLAIR LN.	
CITY-ST-ZIP	PORT RICHEY, FL. 34668	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILBUR ADAMS	
STREET ADDRESS	9430 GLEN MOOR LN.	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES O'DAY.	
STREET ADDRESS	7116 CAY DR.	
CITY-ST-ZIP	PORT RICHEY, FL. 34668	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: RONALD NUCE, PRESIDENT. 1/9/02 727-848-8474
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)