

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90060 012 \*\*\*\*61.25

**DOCUMENT # 766246**

1. Entity Name

**GULF HIGHLANDS SECURITY PATROL, INC.**

Principal Place of Business

7831 GULF HIGHLAND DR  
 PORT RICHEY FL 34668  
 US

Mailing Address

7831 GULF HIGHLAND DR  
 PORT RICHEY FL 34668  
 US

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 **59-2261804**

Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**CONLEY, HARRY**  
**1733 GASTON DRIVE**  
**PORT RICHEY FL 34668**

**7. Name and Address of New Registered Agent**

Name **KOSAKOWSKI, FRANK J**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11635 IBIS LANE**  
**Port Richey FL 34668**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KOSAKOWSKI, FRANK J</b> <b>11635 IBIS LANE</b> <b>PORT RICHEY FL 34668</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TP</b> <b>CONLEY, HARRY</b> <b>7735 GASTON DRIVE</b> <b>PORT RICHEY FL 34668</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MILLER, ALLAN J</b> <b>7722 TOPAY LANE</b> <b>PORT RICHEY FL 34668</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RIZZO, ELEANOR</b> <b>11539 MEREDITH</b> <b>PORT RICHEY FL 34668</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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	<b>D</b> <b>CONLEY, HARRY</b> <b>7735 GASTON DR.</b> <b>PORT RICHEY FL 34668</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WM. J. VICICH</b> <b>7107 ASWOOD DR.</b> <b>PORT RICHEY FL 34668</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CAROL KOSAKOWSKI</b> <b>11635 IBIS LANE</b> <b>PORT RICHEY FL 34668</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VICTOR, DRURY</b> <b>11733 NEWELL DR FL.</b> <b>PORT RICHEY FL 34668</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:** *F. STANLEY DE NEGRIS* **F. J. Kosakowski** 2-5-02 827-869-0586  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)