

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 21, 2003 8:00 am  
Secretary of State

02-21-2003 90234 006 \*\*\*\*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

10025145



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2261804

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

KOSAKOWSKI, FRANCIS S  
11635 IBIS LANE  
PORT RICHEY FL 34668

Name HARRY CONLEY  
Street Address (P.O. Box Number is Not Acceptable)  
7735 GASTON DR  
City PORT RICHEY FL Zip Code 34668

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 *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/15/03  
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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KOSAKOWSKI, FRANK J	
STREET ADDRESS	11635 IBIS LANE	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONLEY, HARRY	
STREET ADDRESS	7735 GASTON DRIVE	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	T	<input type="checkbox"/> Delete
NAME	VICICH, WILLIAM J	
STREET ADDRESS	7107 ASWOOD DRIVE	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KOSAKOWSKI, CAROL	
STREET ADDRESS	11635 IBIS LANE	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRURY, VICTOR	
STREET ADDRESS	11733 NEWELL DRIVE	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONLEY, HARRY	
STREET ADDRESS	7735 GASTON DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>MICHAEL BARBARA</del>	
STREET ADDRESS	<del>7634 TOPAY LN</del>	
CITY-ST-ZIP	<del>PORT RICHEY FL 34668</del>	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDONALD, FAYE	
STREET ADDRESS	11626 NEWELL DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FETTEROLF, LOU	
STREET ADDRESS	7534 KAREN DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELOACH, GUY	
STREET ADDRESS	7717 DALE 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: *[Signature]* 2/15/03 727-868-4049

CR2E037 (10/02)