

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

FILED
Jun 18, 2002 8:00 am
Secretary of State

06-18-2002 90486 013 ***150.00

DOCUMENT #

F00000004743

1. Entity Name

McCoy Security Inc.

869408

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

404 S. Wells St.

3. Mailing Address

404 S. Wells St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 400

Suite 400

City & State

Chicago, IL

City & State

Chicago, IL

4. FEI Number

36-3429748

Applied For

Not Applicable

Zip

60607

Country

USA

Zip

60607

Country

USA

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

Gil N. McCoy

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

3487 NW 167th Street

City

Miami

FL

Zip Code

33014

**DO NOT WRITE
IN THIS SPACE**

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

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/S/D
Gil N. McCoy
404 S. Wells St.
Chicago, IL 60607

TITLE
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)



Atchman

(312) 322-4900

June 11, 2002

F00000004743

869408

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: McCoy Security, Inc.
FEIN: 36-3429748
Document # 4743

To Whom It May Concern:

Enclosed please find our Application for Reinstatement and our check #5258 in the amount of \$150.00. We respectfully request that the penalty for this late filing in the amount of \$450.00 be waived due to the fact that we did not receive the original form in the mail. The enclosed check represents only the regular cost. Please contact me if there is anything further I need to do to complete this reinstatement.

Thank you.

Sincerely,

Patricia K. Adamek

Patricia K. Adamek
Accountant

MSI SECURITY INC.

404 S. Wells Street • Suite 400 • Chicago, Illinois 60607