

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90088 028 ***150.00

DOCUMENT # F01000004498

1. Entity Name
TENABLE PROTECTIVE SERVICES, INC.

Principal Place of Business **Mailing Address**
1242 EAST 49TH STREET - 5TH FLOOR **1242 EAST 49TH STREET - 5TH FLOOR**
CLEVELAND OH 44114-3810 **CLEVELAND OH 44114-3810**

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 **34-1634099** **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent

KOUBECK, LAWRENCE C
10876 1ST LANE N.
ST. PETERSBURG FL 33716

7. Name and Address of New Registered Agent

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** _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PC <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	NAME
NAME	MIRAGLIOTTA, PETER J	NAME	NAME	STREET ADDRESS	STREET ADDRESS
STREET ADDRESS	1242 EAST 49TH STREET - 5TH FLOOR	STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP
CITY-ST-ZIP	CLEVELAND OH 44114-3810	CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	WVC <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	NAME
NAME	CRISH, FRANCIS	NAME	NAME	STREET ADDRESS	STREET ADDRESS
STREET ADDRESS	1242 EAST 49TH STREET - 5TH FLOOR	STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP
CITY-ST-ZIP	CLEVELAND OH 44114-3810	CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	NAME
NAME	O'NEAL, R. MICHAEL ESQ.	NAME	NAME	STREET ADDRESS	STREET ADDRESS
STREET ADDRESS	34305 SOLON RD., 100 FRANKLIN'S ROW	STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP
CITY-ST-ZIP	CLEVELAND OH 44139	CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	NAME
NAME	WAGNER, CARL	NAME	NAME	STREET ADDRESS	STREET ADDRESS
STREET ADDRESS	1242 EAST 49TH STREET - 5TH FLOOR	STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP
CITY-ST-ZIP	CLEVELAND OH 44114-3810	CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	NAME
NAME		NAME	NAME	STREET ADDRESS	STREET ADDRESS
STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP
CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	NAME
NAME		NAME	NAME	STREET ADDRESS	STREET ADDRESS
STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP
CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-3-02 216-361-0002

CR2E034 (9/01)