

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 05, 2003 8:00 am**  
**Secretary of State**

09-05-2003 90104 002 \*\*\*150.00

0147976 AB

**DOCUMENT # F01000005188**

1. Entity Name

**CONSTRUCTION PROTECTIVE SERVICES, INC.**



Principal Place of Business

**3885 S. DECATUR #3010  
LAS VEGAS NV 89103**

Mailing Address

**436 W. WALNUT AVE.  
GARDENA CA 90248**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **33-0501909**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**PARACORP INCORPORATED  
236 EAST 6TH AVE.  
TALLAHASSEE FL 32303**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CDPV COFFEY, CHRISTOPHER 436 W. WALNUT AVE. GARDENA CA 90248</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST COFFEY, CHRISTOPHER 436 W. WALNUT AVE. GARDENA CA 90248</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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 REQUIRED** **Chris Coffey**

**9/2/03 (310) 878-8100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/03)

**CPS** security solutions

Attachment

80144749  
#FD1000005188

**Construction Protective Services, Inc.,**

436 W. Walnut Ave., Gardena, Ca 90248. (310) 818-1030, Fax (310) 818-1063

August 25, 2003

Florida Dept of State  
Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir,

Please waive the late fee of \$400 as we never received the first notification requiring the filing of a Uniform Business Report.

We have included the required \$150 fee along with the completed UBR form.

Thank you for your prompt attention to this matter. If you have any questions, please contact Rick Fisher at (310) 878-8106.

Sincerely  
Chris Coffey



President