

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90804 028 ***150.00

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DOCUMENT # F02000001428

1. Entity Name

MCDONALD SECURITY CORPORATION



Principal Place of Business

**5021 COUNTRY MEADOWS BLVD
SARASOTA FL 34235**

Mailing Address

**5021 COUNTRY MEADOWS BLVD
SARASOTA FL 34235**

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

41-0995655

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MCDONALD, ROBERT J
5021 COUNTRY MEADOWS BLVD
SARASOTA FL 34235**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE	CPVP	<input type="checkbox"/> Delete
NAME	MCDONALD, ROBERT J	
STREET ADDRESS	5021 COUNTRY MEADOWS BLVD	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MCDONALD, ROBERT J	
STREET ADDRESS	5021 COUNTRY MEADOWS BLVD	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCDONALD, PHILIP S	
STREET ADDRESS	3032 SANDY HOOK DR	
CITY-ST-ZIP	ROSEVILLE MN 55113	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCDONALD, SHAWN I	
STREET ADDRESS	PO BOX 74	
CITY-ST-ZIP	MOOSE PASS AK 99631	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:

Robert J. McDonald (by POA, Anne- / 2/18/03 941-379-5111
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)