

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90135 027 \*\*\*550.00

**DOCUMENT # F02000003769**

1. Entity Name  
**GVI SECURITY, INC.**



Principal Place of Business  
**1621 WEST CROSBY, STE. 104  
CARROLLTON TX 75006**

Mailing Address  
**1621 WEST CROSBY, STE. 104  
CARROLLTON TX 75006**

**55053055**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**75 2870542**

Applied For

Not Applicable

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

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

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 \$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 **D** ☐ Delete  
NAME **NILSEN, ERIK**  
STREET ADDRESS **2420 SE 8TH COURT**  
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **D** ☐ Delete  
NAME **KIM, SHAUN**  
STREET ADDRESS **17517 FABRICA WAY STE. A**  
CITY-ST-ZIP **CERRITOS CA 90703**

TITLE **DP** ☐ Delete  
NAME **WADE, THOMAS**  
STREET ADDRESS **7708 BANTRY LANE**  
CITY-ST-ZIP **DALLAS TX 75248**

TITLE **DC** ☒ Delete  
NAME **TEITELBAUM, WILLIAM**  
STREET ADDRESS **4 WINSTON COURT**  
CITY-ST-ZIP **DIX HILLS NY 11746**

TITLE **S** ☐ Delete  
NAME **RIGBY, ELIZABETH**  
STREET ADDRESS **1621 WEST CROSBY, STE. 104**  
CITY-ST-ZIP **CARROLLTON TX 75006**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/16/03**  
Date

**972-245-7353**  
Daytime Phone #

CR2E034 (4/03)