

FILED
Sep 19, 2002 8:00 am
Secretary of State

09-19-2002 90154 008 ***550.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003258

1. Entity Name
FUTURE SECURITY, INC.

Principal Place of Business
**2017 HORIZON COURT
ZION IL 60089**

Mailing Address
**2017 HORIZON COURT
ZION IL 60089**

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
36-3947496

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WILKINSON, PAUL E
1 JIM EDWARDS RD.
HAINES CITY FL 33844**

7. Name and Address of New Registered Agent

Name

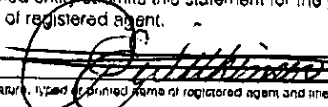
Street Address (P.O. Box Number is Not Acceptable)

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 the filer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **9/13/02**

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 \$30.00
PAID BY 9/13/2002. Fee will be \$50.00
Make Check Payable to Department of State**

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

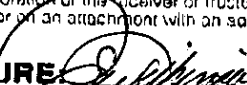
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
	CDPT			
	WILKINSON, PAUL E			
	2017 HORIZON COURT			
	ZION IL 60089			
	DVS			
	BREMER, SCOTT			
	2017 HORIZON COURT			
	ZION IL 60089			

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

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 addressee, with all other like empowered.

SIGNATURE 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL E. Wilkinson

President 9-13-02