

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F95000003258

1. Entity Name  
FUTURE SECURITY, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2017 HORIZON COURT

Suite, Apt. #, etc.

3. Mailing Address  
2017 HORIZON COURT

Suite, Apt. #, etc.

City & State  
ZION, IL

City & State  
ZION, IL

Zip  
60099

Country  
LAKE

Zip  
60099

Country  
LAKE

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

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
PAUL WILKINSON

Street Address (P.O. Box Number is Not Acceptable)  
1 JIM EDWARDS RD

City  
HAINES CITY

FL Zip Code  
33844

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 of registered agent and title if applicable. (NOTE: Registered Agent signature required when registered agent is changed.)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 CDPT - PRESIDENT  
NAME PAUL WILKINSON  
STREET ADDRESS 2017 HORIZON COURT  
CITY-ST-ZIP ZION, IL 60099

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DVS - VICE PRESIDENT  
NAME SCOTT BREMER  
STREET ADDRESS 2017 HORIZON COURT  
CITY-ST-ZIP ZION, IL 60099

TITLE  
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CITY-ST-ZIP

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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 on an attachment with an address with all other like empowered.

SIGNATURE

PAUL WILKINSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

847-746-0926

Daytime Phone #

CR2E034B (12/02)