

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003582

1. Entity Name
SPECIAL PROTECTION INCORPORATED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV 15 PM 12:04

Principal Place of Business
PO BOX 286
HERMISTON OR 97838

Mailing Address
PO BOX 286
HERMISTON OR 97838

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT DO NOT WRITE IN THIS SPACE

4. FEI Number 93-0905318

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KREMPA, WILLIAM
1616 STONEHAVEN WAY
TARPON SPRINGS FL 33589

7. Name and Address of New Registered Agent

Name Edward J. Brogan
Street Address (P.O. Box Number is Not Acceptable)
2220 E. Bancroft Cir. S.
Palm Harbor, FL 34683
City Palm Harbor, FL FL Zip Code 34683

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.

SIGNATURE *Edward J. Brogan*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-25-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE DP
NAME STOCKDALE, BRYAN
STREET ADDRESS 125 SE 9TH
CITY-ST-ZIP HERMISTON OR 97838 ☐ Delete

TITLE DVST
NAME STOCKDALE, JAWN
STREET ADDRESS RT. 4
CITY-ST-ZIP HERMISTON OR 97838 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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 address, with all other like empowered.

SIGNATURE:

Bryan Stockdale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-6-00

Date

(541) 567-7566

Daytime Phone #

CR2E034 (5/00)