

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000876

1. Entity Name

ASAP SECURITY SERVICES, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90922 043 ***158.75

Principal Place of Business

Mailing Address

9150 ROYAL LANE
 SUITE #140
 IRVINE TX 75063
 US

9150 ROYAL LANE
 SUITE #140
 IRVINE TX 75063-2437
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

IRVING, TX

City & State

IRVING, TX

Zip

Country

Zip

Country

4. FEI Number

75-2745017

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

OROZCO, JUAN
 916 WILD CHERRY CT.
 HEATHROW FL 32746

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 PDC
 NAME PFAFF, BRUCE
 STREET ADDRESS 6904 MEADE DR.
 CITY-ST-ZIP COLLEYVILLE TX 76034

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ST
 NAME WALKER, GARY
 STREET ADDRESS 2210 STONEBROOK DR.
 CITY-ST-ZIP CARROLLTON TX 75007

TITLE V/S/T
 NAME
 STREET ADDRESS 247 SLEEPY HOLLOW LANE
 CITY-ST-ZIP COPPELL, TX. 75019

TITLE VD
 NAME TONGISH, JOE
 STREET ADDRESS 215 CIMARRON TRAIL, #2
 CITY-ST-ZIP IRVINE TX 75063

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP IRVING, TX. 75063

TITLE VD
 NAME OROZCO, JUAN
 STREET ADDRESS 916 WILD CHERRY CT.
 CITY-ST-ZIP HEATHROW FL 32746

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE V/D
 NAME JENSEN, HAL
 STREET ADDRESS 215 CIMARRON TRAIL, #2
 CITY-ST-ZIP IRVING, TX 75063

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Gary Walker
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00 972-929-0658

Date

Daytime Phone #

CR2E034 (9/99)