## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 21, 2002 8:00 am Secretary of State DOCUMENT # F98000000876 1. Entity Name 05-21-2002 91238 047 \*\*\*158 75 ASAP SECURITY SERVICES, INC. Mailing Address Principal Place of Business 9150 ROYAL LANE 9150 ROYAL LANE SUITE #140 **SUITE #140** IRVINE TX 75063 IRVINE TX 75063 ШS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 75-2745017 IRVING エKVエNG EXA5 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 75063 7506 3 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OROZCO, JUAN - Street Address (P.O. Box Number is Not Acceptable) 916 WILD CHERRY CT. **HEATHROW FL 32746** BRIDGEWATER 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE Change ☐ Addition Delete TITLE PDC NAME PFAFF, BRUCE NAME STREET ADDRESS STREET ADDRESS 6904 MEADE DR. CITY-ST-ZIP CITY-ST-ZIP **COLLEYVILLE TX 76034** □ Change ☐ Addition TITLE Delete TITLE **VST** NAME NAME WALKER, GARY STREET ADDRESS STREET ADDRESS 247 SLEEPY HOLLOW LN CITY-ST-ZIP CITY-ST-7IP COPPELL TX 75019 ☐ Delete ☐ Change ■ Addition ПЛE NAME 7 NAME -TONGISH, "JOE" STREET ADDRESS STREET ADDRESS 215 CIMARRON TRAIL, #2 CITY-ST-ZIP CITY-ST-7IP IRVINE\_TX\_75063 TITLE ☐ Delete TITLE VD NAME NAME OROZCO, JUAN 1906 BRIDGEWATER DRIVE STREET ADDRESS STREET ADDRESS 916 WILD CHERRY CT. HEATHROW, FLORIDA, 32746 CITY-ST-ZIP CITY-ST-7IP **HEATHROW FL 32746** TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

**FILED**