

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91834 018 ***158.75

RECEIVED AT

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1. Entity Name
ASAP SECURITY SERVICES, INC.



Principal Place of Business
**9150 ROYAL LANE
SUITE #140
IRVING TX 75063
US**

Mailing Address
**9150 ROYAL LANE
SUITE #140
IRVING TX 75063
US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **75-2745017**

Applied For
 Not Applicable

CHECK HERE IF MAKING CHANGES

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**OROZCO, JUAN
1906 BRIDGEWATER DRIVE
HEATHROW FL 32746**

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 _____ DATE _____
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
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PDC**
STREET ADDRESS **PFUFF, BRUCE**
CITY-ST-ZIP **6904 MEADE DR.
COLLEYVILLE TX 76034**

TITLE Change Addition
NAME
STREET ADDRESS **1503 BELLEFONTE LN.**
CITY-ST-ZIP **COLLEYVILLE, Tx. 76034**

TITLE Delete
NAME **VST**
STREET ADDRESS **WALKER, GARY**
CITY-ST-ZIP **247 SLEEPY HOLLOW LN
COPPELL TX 75019**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **IRVING, Tx. 75063**

TITLE Delete
NAME **VD**
STREET ADDRESS **OROZCO, JUAN**
CITY-ST-ZIP **1906 BRIDGEWATER DRIVE
HEATHROW FL 32746**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: REGARNE WALKER **REGARNE WALKER** **04-24-03** **992-929-0658**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)