2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	F9900001874



Feb 10, 2003 8:00 am Secretary of State **FILED**

1. Entity Nan E-SECUR	ne RITY, INC.				0:	2-10-2003 904	42 021 ***15	50.00
Principal Place 295 BARNES ROCKLEDGE		Mailing Address 295 BARNES BLVD ROCKLEDGE FL 32955						
2. Principal F	Place of Business 21 Calbus RD #, etc. 5 + 700	3. Mailing Address 1921 Call Suite, Apt. #, etc.	ous Rel			III IIIII IIIII IIIIIIIIIIIIIIIIIIIIII		
City & Stat	ienna VA	City & State	VΑ	4. F	El Number 5	2-2156864		opplied For Not Applicable
Zip つみ	Country () SA	Zip 22152	Country USA	5. C	ertificate of Stat	us Desired	\$8.75 Ac Fee Requir	
	6. Name and Address of Current	Registered Agent		7. N	ame and Addre	ss of New Registe	ered Agent	
	ARTHUR L	المراجعة المستحددة	Name - Street Ad	ddress (P.O. Bo	ox Number is No	t Acceptable)		
•	D AVENUE SOUTH FL 34102		ļ			<u> </u>		
٠,			City				FL Zip Co-	de
	named entity submits this statement for	r the purpose of changing its	registered office or	registered age	ent, or both, in th	e State of Florida.	I am familiar with	, and accept
-	tions of registered agent.							
SIGNATURE	tions of registered agent. Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signatu	re required when rei	nstating)	C	DATE	
F Afte			: Registered Agent signatu	re required when rei	9. Election C	campaign Financing Contribution.	g \$5.	00 May Be
F Afte	Signature, typed or printed name of registered agent a FILE NOW!!! FEE IS \$150.00 V	State	11.	ADI	9. Election C Trust Fund	ampaign Financin	g \$5.	ed to Fees
F Afte Make Checl	Signature, typed or printed name of registered agent a FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of OFFICERS AND T ELEBASH, JOSEPH L 295 BARNES BLV	State	11. TITLE	ADI President Joseph P 1921 Gall	9. Election C Trust Fund DITIONS/CHANG	ampaign Financing Contribution. GES TO OFFICERS See 750	g \$5.	ed to Fees
F Afte Make Check 10. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent as FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of OFFICERS AND T ELEBASH, JOSEPH L	DIRECTORS Delete	11. TITLE NAME STREET ADDRESS	ADI	9. Election C Trust Fund DITIONS/CHANG	ampaign Financing Contribution.	9 \$5. □ Adde	ed to Fees
FAITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent as TILE NOW!!! FEE IS \$150.00 To May 1, 2003 Fee will be \$550.00 Repayable to Florida Department of OFFICERS AND IT ELEBASH, JOSEPH L 295 BARNES BLV ROCKLEDGE FL 32955 D GARMAN, RICHARD 601 CALIFORNIA STREET SUITE	DIRECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ADI President Joseph P 1921 Gall	9. Election C Trust Fund DITIONS/CHANG	ampaign Financing Contribution. GES TO OFFICERS See 750	g \$5. Adde G AND DIRECTOR ☐ Change	ed to Fees RS IN 11 Addition
FATTE MAKE Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent a FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of OFFICERS AND IT ELEBASH, JOSEPH L 295 BARNES BLV ROCKLEDGE FL 32955 D GARMAN, RICHARD 601 CALIFORNIA STREET SUITE SAN FRANCISCO CA 94108 D GOLDSMITH, BARRY 125 HALF MILE ROAD	DIRECTORS Delete Delete 2200	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	ADI President Joseph P 1921 Gall	9. Election C Trust Fund DITIONS/CHANG	ampaign Financing Contribution. GES TO OFFICERS See 750	g \$5. Adde GAND DIRECTOR Change	Addition
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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:

SIGNATINE L'EQUIRED SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR