

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


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

0494556 AV

04-10-2003 90078 007 \*\*\*150.00

**DOCUMENT # G19047**

1. Entity Name  
**SUNCOAST SECURITY, INC. OF LARGO**



Principal Place of Business  
**1931 WEST BAY DR  
#B  
LARGO FL 33770  
US**

Mailing Address  
**1931 WEST BAY DR  
#B  
LARGO FL 33770  
US**



CHECK HERE IF MAKING CHANGES

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

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

City & State

4. FEI Number **59-2409741**

Applied For  
 Not Applicable

Zip Country

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**

**MC CANN, WILLIAM F  
1460 GULF BLVD  
CLW FL 34630**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1631 JEFFORDS ST.**  
City **CLEARWATER** FL Zip Code **33756**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 **PSD**  Delete  
NAME **MCCANN, WILLIAM FRANCIS**  
STREET ADDRESS **1460 GULF BLVD.**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE  Change  Addition  
NAME **1631**  
STREET ADDRESS **JEFFORDS ST.**  
CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE **VTD**  Delete  
NAME **MCCANN, PATRICIA ANN**  
STREET ADDRESS **1460 GULF BLVD.**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE  Change  Addition  
NAME **1631**  
STREET ADDRESS **JEFFORDS ST**  
CITY-ST-ZIP **CLEARWATER FL 33756**

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  
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TITLE  Change  Addition  
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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: *William McCann* **WILLIAM MCCANN** **4/8/03** **727-585-2859**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)