

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90058 049 \*\*\*\*50.00

**DOCUMENT # L01000005265**

1. Entity Name

**SECURED ENTERPRISES, LLC**

Principal Place of Business

4257 S. ATLANTIC AVENUE  
DAYTONA BEACH FL 32127

Mailing Address

4257 S. ATLANTIC AVENUE  
DAYTONA BEACH FL 32127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3708591

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARTLETT, LAURENCE H  
 1800 W. INTERNATIONAL SPEEDWAY BLVD., STE  
 201  
 DAYTONA BEACH FL 32114

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **Partner/MANAGER** ☐ Delete  
 NAME **Carl Vasile**  
 STREET ADDRESS **526 Mason Ave**  
 CITY-ST-ZIP **Daytona Bch FL 32117**

TITLE **Partner/Manager** ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **Partner** ☐ Delete  
 NAME **Teresa Vasile**  
 STREET ADDRESS **526 Mason Ave**  
 CITY-ST-ZIP **Daytona Bch FL 32117**

TITLE **Partner/Member** ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **Robert Thornton** ☐ Delete  
 NAME **4257 S. Atlantic Ave**  
 STREET ADDRESS **Daytona Bch FL 32124**  
 CITY-ST-ZIP

TITLE **Partner/Manager** ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **Conne Thornton** ☐ Delete  
 NAME **4257 S. Atlantic Ave**  
 STREET ADDRESS **Daytona Bch FL 32124**  
 CITY-ST-ZIP

TITLE **Partner/Member** ☐ 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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/29/02 386-238-5927

Date Daytime Phone #

CR2E083 (9/01)