

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # L 53199

1. Entity Name

Vickery Safety & Security, Inc.

02 AMENDED FORM

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4731 North 9th Avenue

3. Mailing Address

P. O. Box 2126

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pensacola, Florida

City & State

Pensacola, FL 32513

4. FEI Number

59-3012073

Applied For

Not Applicable

Zip

32503

Country

Escambia Co

Zip

32513

Country

Escambia

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Brenda Joyce Vickery

Street Address (P.O. Box Number is Not Acceptable)

646 Linden Road

City

Pensacola

FL

Zip Code

32503

**DO NOT WRITE  
IN THIS SPACE**

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 *Brenda Joyce Vickery*  
Brenda Joyce Vickery President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-12-2002

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution



\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President, Secretary  
James Dillon Vickery  
646 Linden Road  
Pensacola, FL 32503

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000007810130--0  
-09/17/02--01074--025  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP, Treasurer  
Brenda Joyce Vickery  
646 Linden Road  
Pensacola, FL 32503

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Brenda Joyce Vickery*  
Brenda Joyce Vickery

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/02

Date

850-478-4719

Daytime Phone #

CR2E034B (12/01)

**DO NOT WRITE  
IN THIS SPACE**