

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

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90109 002 ***150.00

DOCUMENT # L84608

1. Entity Name
HANLON SECURITY CORPORATION



Principal Place of Business
**2128 TYLER ST.
HOLLYWOOD FL 33019
US**

Mailing Address
**2128 TYLER ST.
HOLLYWOOD FL 33019
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

2720 SOUTH PARK RD.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HAWAIIAN BEACH, FL

City & State

Zip

33009

Country

USA

Zip

Country

4. FEI Number

65-0204552

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HANLON, CHARLES
1150 S. NORTH LAKE DR.
HOLLYWOOD FL 33019**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/24/03

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 **D**
NAME **HANLON, CHARLES**
STREET ADDRESS **1150 S. NORTH LAKE DR.**
CITY-ST-ZIP **HOLLYWOOD FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VP**
NAME **HANLON, TIMOTHY P**
STREET ADDRESS **5636 SW 118 AVE.**
CITY-ST-ZIP **COOPER CITY-FL 33330**

☐ Delete

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03 954-922-9224

CR2E034 (10/02)