

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90002 005 ****50.00

DOCUMENT # **L99000004726**

1. Entity Name

Lancelot Security LLC ✓



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

900 E Indiantown Rd

Suite, Apt. #, etc.

Suite 216

3. Mailing Address

Same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jupiter FL

City & State

4. FEI Number

65-0939639

Applied For

Not Applicable

Zip

33477

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

NEVES, TERRY

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

900 E Indiantown Rd Ste 216

City

Jupiter

FL

Zip Code

33477

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
Neves, Terry
900 E Indiantown Rd Ste 216
Jupiter FL 33477

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
Neves, Elizabeth
900 E Indiantown Rd Ste 216
Jupiter FL 33477

TITLE
NAME
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CITY - ST - ZIP

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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: **Terry A. Neves, managing member**

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

Date

2/10/03

Daytime Phone #

361-741-7181

CR2E083B (12/02)