

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # M00000000569

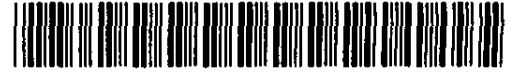
1. Entity Name

SECURITY SERVICES OF AMERICA, LLC

FILED

01 MAR 26 PM 5: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1207-C ARENDELL STREET
MOREHEAD CITY NC 28557

Mailing Address

1207-C ARENDELL STREET
MOREHEAD CITY NC 28557

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-2181095

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JURNEY, KENT
550 NW 42ND AVENUE, SUITE 207
MIAMI FL 33126

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME STEVENS, JAMES C
STREET ADDRESS 1207-C ARENDELL STREET
CITY-ST-ZIP MOREHEAD CITY NC 28557

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME FROST, STEVEN L
STREET ADDRESS 1207-C ARENDELL STREET
CITY-ST-ZIP MOREHEAD CITY NC 28557

TITLE ☐ Change ☐ Addition
NAME 300003961473
STREET ADDRESS -04/05/01--01099--025
CITY-ST-ZIP *****50.00 *****50.00

TITLE MGR ☐ Delete
NAME WALBRIDGE, GREGORY S
STREET ADDRESS 3060 PEACHTREE RD NW, SUITE 780
CITY-ST-ZIP ATLANTA GA 30305

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME RICHARDSON, JOHN S
STREET ADDRESS 3060 PEACHTREE RD NW, SUITE 780
CITY-ST-ZIP ATLANTA GA 30305

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

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

Date

Daytime Phone #

CR2E083 (11/00)