

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90384 037 ****50.00

DOCUMENT # M00000000569

1. Entity Name
SECURITY SERVICES OF AMERICA, LLC

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

5285 Hwy 70
 Suite, Apt. #, etc.

3. Mailing Address

5285 Hwy 70
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Morehead City, NC

City & State

Morehead City, NC

4. FEI Number

56-2181095

Applied For

Not Applicable

Zip

28557

Country

USA

Zip

28557

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

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.

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

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

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 Giles, Erik (NMN)
 3060 Peachtree Rd NW, suite 780
 Atlanta, GA 30305** ☐ Change ☒ Addition

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

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

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

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: **Steven L. Frost**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/22/02 2528083185
 Date Daytime Phone #

CR2E083 (9/01)