## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

M98000000382

1. Entity Name

SPECTAGUARD ACQUISITION LLC

Principal Place of Business

KING OF PRUSSIA PA 19406

Mailing Address

3606 HORIZON DRIVE

3606 HORIZON DRIVE

KING OF PRUSSIA PA 19406-2647

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country

Country

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

APPROVEÛ

00 APR 21 AM 8: 24

SECRETARY OF STATE TALLAHASSEE, FLORIDA

 perin agus garri gatti gares men serve ver sen.

DO NOT WRITE IN THIS SPACE Mole

4. FEI Number

94-3288515

Not Applicable

Applied For

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

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 RAME STREET ADDRESS CITY-8T-ZIP	MGRM WHITMORE, WILLIAM C JR. 3606 HORIZON DRIVE KING OF PRUSSIA PA 19406	☐ Delisto	TITLE RAME STREET ADDRESS CITY-ST-ZIP	700003241	☐ Change	Addition
TIYLE Name Street address City-St-Zip	MGR WEAVER, DANIEL C 3606 HORIZON DRIVE KING OF PRUSSIA PA 19406	☐ Beliste	TITLE MAME STREET ADDRESS GITY-ST-ZIP	-05/05/000 ****\$0.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  MAME  STREET ARDRESS  CITY-8T-ZIP	, ,	Changs	Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP		☐ Delsto	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE MAME STREET ADDRESS CITY-81-ZIP		Delete	TITLE NAME STREET ADDRESS GITY- 81-ZIP		Change	Addition
TITLE	į ,	Codete	TIME		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.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE** 

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

☐ Deleta