

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000463

1. Entity Name

PARTNERS IN PROTECTION, INC.

5/2

FILED
Jun 08, 2001 8:00 am
Secretary of State

05-02-2001 90018 024 ****61.25

7155



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
3220 LORD MURPHY TR. TALLAHASSEE FL 32308		3220 LORD MURPHY TR. TALLAHASSEE FL 32308	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
4. City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SPEARING, CORNELIA A.M. 3220 LORD MURPHY TR. TALLAHASSEE FL 32308		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Name	
		City	FL Zip Code
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

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 revoking)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DIRECTOR <input type="checkbox"/> Delete		
NAME	James M Spearing		
STREET ADDRESS	3220 Lord Murphy Trail Tallahassee		
CITY-ST-ZIP			
TITLE	DIRECTOR FL 32308 <input type="checkbox"/> Delete		
NAME	Cornelia A. M. Spearing		
STREET ADDRESS	3220 Lord Murphy Trail		
CITY-ST-ZIP	Tallahassee FL 32308		
TITLE	DIRECTOR <input type="checkbox"/> Delete		
NAME	Bruce Buckley		
STREET ADDRESS	3220 Lord Murphy Trl.		
CITY-ST-ZIP	Tallahassee, FL 32308		
TITLE	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

CR20037 (10/00)

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 617, 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: SUMMERSIDE PROTECTION, Inc. Cornelia Spearing
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01 850-873-8690

Date

Daytime Phone #