

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44208

1. Entity Name

ADULT COMPREHENSIVE PROTECTION SERVICES, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90132 040 ****70.00

Principal Place of Business

8130-66 ST N
SUITE 12
PINELLAS PK FL 33781
US

Mailing Address

P O BOX 1458
PINELLAS PK FL 33780-1458
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3107054

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired-- ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLAN, LINDA R.
6675 13TH AVENUE NORTH
SUITE 2C
ST. PETERSBURG FL 33710

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 \$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 S ☐ Delete
NAME JACOBS, KEHIA
STREET ADDRESS 8130 66TH STREET NORTH 12
CITY-ST-ZIP PINELLAS PARK FL

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

TITLE D ☐ Delete
NAME CARLSON, CHARLES
STREET ADDRESS 601 BAYSHORE BLVD #700
CITY-ST-ZIP TAMPA FL

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

TITLE D ☒ Delete
NAME AITKEN, JAMES
STREET ADDRESS 25 SECOND STREET NORTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ Change ☒ Addition
NAME Dalan, Rick
STREET ADDRESS 2633 McCormick Drive, Ste 101
CITY-ST-ZIP Clearwater, FL 33759

TITLE P ☐ Delete
NAME JOHNSON, PATRICIA F.
STREET ADDRESS 8130 66TH ST N STE 2
CITY-ST-ZIP PINELLAS PK FL

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

TITLE V ☐ Delete
NAME SIMPSON, RONALD
STREET ADDRESS 11015 128TH AVENUE NORTH
CITY-ST-ZIP LARGO FL 33544

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

TITLE D ☐ Delete
NAME BUTLER, RICHARD
STREET ADDRESS 5265 PARK BOULEVARD NORTH
CITY-ST-ZIP PINELLAS PARK FL

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

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-2400

727-547-8076

CR2E037 (9/99)