

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90162 035 \*\*\*\*\*70.00

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**DOCUMENT # N44208**

1. Entity Name

**ADULT COMPREHENSIVE PROTECTION SERVICES, INC.**

Principal Place of Business

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

Mailing Address

P O BOX 1458  
PINELLAS PK FL 34664  
US

2. Principal Place of Business

3. Mailing Address

8130 66th Street N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 12

City & State

City & State  
Pinellas Park FL

Zip

Country

Zip

Country

33781

US

4. FEI Number

59-3107054

Applied For

Not Applicable

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 **DALAN, RICK**  
STREET ADDRESS **2633 MCCORMICK DR STE 101**  
CITY-ST-ZIP **CLEARWATER FL 33759**

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

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 all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)