

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-07-2002 90080 022 ****70.00

DOCUMENT # N44208

1. Entity Name

ADULT COMPREHENSIVE PROTECTION SERVICES, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

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

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 ☒ Delete
 NAME **JACOBS, KEHIA**
 STREET ADDRESS **8130 66TH STREET NORTH 12**
 CITY-ST-ZIP **PINELLAS PARK FL**

TITLE ☒ Change ☐ Addition
 NAME **S Wright, Kehia**
 STREET ADDRESS **see left**
 CITY-ST-ZIP

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

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

TITLE ☐ Delete
 NAME **D DALAN, RICK**
 STREET ADDRESS **2833 MCCORMICK DR STE 101**
 CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE ☒ Change ☐ Addition
 NAME **D Dalan, Rick**
 STREET ADDRESS **see left**
 CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☒ Addition
 NAME **D Kay Dillinger**
 STREET ADDRESS **7842 Country Club Road N.**
 CITY-ST-ZIP **St Petersburg, FL 33710**

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:

Kehia Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

3/29/02

Date

721-547-8676

Daytime Phone #

CR2E037 (9/01)