

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90076 039 ***158.75

DOCUMENT # P00000024234

1. Entity Name
PUBLIC SAFETY GROUP, INC.

Principal Place of Business
13501 INGENUITY DR., SUITE 100
ORLANDO FL 32826

Mailing Address
P O BOX 953966
LAKE MARY FL 32795



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2336 WINTERWOODS BLVD

3. Mailing Address

Suite, Apt. #, etc.
SUITE 2008

Suite, Apt. #, etc.

City & State
WINTER PARK, FL

City & State

4. FEI Number
59-3627480

Applied For
 Not Applicable

Zip
32792

Country
SEMINOLE

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

RAMZAN, JANMOHAMMED
320 GRAND VALLEY DRIVE
LAKE MARY FL 32746

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD NAGLE, DONALD C 2187 WEMBLEY PLACE OVIEDO FL 32765 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VDST JANMOHAMED, RAMZAN 320 GRAND VALLEY DRIVE LAKE MARY FL 32746 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LORENZ, ROBERT 6 WATERBURY COURT LAKE ZURICH IL 60047 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V LEONARD, JOHN D 3 GANAWATTE DRIVE WALPOLE MA 02081 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

S. JANMOHAMMED RAMZAN (JANMOHAMED)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02

Date

407 679 4466

Daytime Phone #

CR2E034 (9/01)