

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000026938**

1. Entity Name

EMPIRE PROTECTIVE SERVICES, INC.

Principal Place of Business

5710 F COACH HOUSE CIRCLE
BOCA RATON FL 33486

Mailing Address

5710 F COACH HOUSE CIRCLE
BOCA RATON FL 33486

2. Principal Place of Business

1326 NORTH DIXIE HIGHWAY

3. Mailing Address

1326 NORTH DIXIE HIGHWAY

Suite, Apt. #, etc.

SUITE 3

Suite, Apt. #, etc.

SUITE 3

City & State

LAKE WORTH, FLORIDA

City & State

LAKE WORTH, FLORIDA

Zip

33460

Country

USA

Zip

33460

Country

USA

4. FEI Number

65-1001622

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

RAUCH, STEPHEN ESQ.
9121 NORTH MILITARY TRAIL
SUITE 212
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

PHILIP H. LUSTIG III

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

9937 MAJORCA PL

BOCA RATON

City

FL

33434

Zip Code

33434

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.

Philip H. Lustig III

(NOTE: Registered Agent signature required when registering)

1-5-01

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CERULLI, ANTHONY B**
STREET ADDRESS **5710 F COACH HOUSE CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 33486**TITLE **LUSTIG, PHILIP H III** ☐ Delete
NAME **9937 MAJORCA PLACE**
STREET ADDRESS **BOCA RATON, FLORIDA 33434**
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

ANTHONY B. CERULLI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/5/01

Daytime Phone #

561 533-0445



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)