

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90051 001 *****8.75
03-12-2002 90051 002 *****61.25
03-12-2002 90051 003 ***150.00

DOCUMENT # *P00000091278*

1. Entity Name

S + R SECURITY INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

330 SE 20TH AVE

Suite, Apt. #, etc.

APT 205

3. Mailing Address

330 SE 20TH AVE

Suite, Apt. #, etc.

APT 205

DO NOT WRITE IN THIS SPACE

City & State

DEERFIELD BEACH FL.

City & State

DEERFIELD BEACH FL.

4. FEI Number

65-1048481

Applied For

☐ Not Applicable

Zip

33441

Country

USA

Zip

33441

Country

USA

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

7. Name and Address of Current Registered Agent

Name *JOHN HENRY WILSON*

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

APT 205

330 SE 20TH AVE

City *DEERFIELD BEACH FL.*

FL

Zip Code

33441

**DO NOT WRITE
IN THIS SPACE**

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE *PRESIDENT*
NAME
STREET ADDRESS
CITY-ST-ZIP *P: JOHN H. WILSON APT 205*

TITLE
NAME
STREET ADDRESS *330 SE 20TH AVE*
CITY-ST-ZIP *DEERFIELD BEACH FL 33441*

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

John Henry Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN HENRY WILSON

Date

2-21-2

Daytime Phone #

761 715-3580

CR2E034B (12/01)