

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 23, 2001 8:00 am**
Secretary of State

05-23-2001 90200 034 ***150.00

DOCUMENT # P00000094335
1. Entity Name
SAINT JAMES EXECUTIVE PROTECTION, INC ✓**Principal Place of Business**
Mailing Address
PO BOX 570704
ORLANDO FL 32857-0704**2. Principal Place of Business** 1025 S.
SEMORAN BLVD.
Suite, Apt. #, etc.
1093 WINTER PARK
City & State
ORLANDO FL
Zip 32792 **Country**
3. Mailing Address
PO BOX 570704
Suite, Apt. #, etc.
City & State
ORLANDO FL
Zip 32857-0704 **Country**

00057017

DO NOT WRITE IN THIS SPACE

4. FEI Number
2K-59-3676666
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
JAMES L STEWART
Street Address (P.O. Box Number is Not Acceptable)
1025 S. SEMORAN BLVD
1093 WINTER PARK
City ORLANDO **FL** **Zip Code** 32792**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. ☒ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** James L Stewart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR0-5-8-01 407/379-1007
Date Daytime Phone #

OR2E034 (11/00)