

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0450516 AV

DOCUMENT # P00000099344

1. Entity Name

ADVANCED PROTECTION SERVICES, INC.

04-02-2002 90888 040 ***150.00

Principal Place of Business

**112 PATRICIA AVENUE
DUNEDIN FL 34698**

Mailing Address

**131 YACHT CLUB LANE
TIERRA VERDE FL 33715**

2. Principal Place of Business

3227 BENNETT ST No

Suite, Apt. #, etc.

3. Mailing Address

3227 Bennett St No

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ST PETERSBURG, FL

City & State

St Petersburg, FL

4. FEI Number

59-3676923

Applied For

Not Applicable

Zip

33713

Country

PINELLAS

Zip

33713

Country

Pinellas

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LESTER, CUSHMAN & WILKINSON, P. A.

696 FIRST AVENUE NORTH

SUITE 201

ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

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

TITLE **P** ☐ Delete
NAME **SWAYNE, JAMES F**
STREET ADDRESS **131 YACHT CLUB LANE**
CITY-ST-ZIP **TIERRA VERDE FL 33715**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES F. SWAYNE

3/26/2002

Date

Daytime Phone #

727-528-3365

CR2E034 (9/01)