## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P00000114955

Entity Name: PRO-24 SECURITY AND INVESTIGATIVE SERVICES INC.

FILED Mar 16, 2002 8:00 AM Secretary of State

Current Pi	incipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	NVERSITY DF E PINES, FL				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
1900 N. UNIVERSITY DR., #101 PEMBROKE PINES, FL 33024			PMB 107	318 INDIAN TRACE RD. PMB 107 WESTON, FL 33326 US	
FEI Number:	65-1076368	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
YZER, RUI 10660 NW PEMBROK		33026 US	PMB107	318 INĎIAN TRACE RD	
The above in the State		submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: JACK S. SHAW				03/16/2002	
	Electron	ic Signature of Registered Age	ent	Date	
		o satisfy its Intangible Tax filing req g Trust Fund Contribution ( ).	uirement and elects to do so (X).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	YZER, RUDI 10660 NW 2ND	Delete CIR. NES, FL 33026	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) MUNDY, RICK 6831 SW 43 C DAVIE, FL 333		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	D ( ) SHAW, JACK	Delete	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JACK S. SHAW D 03/16/2002

318 INDIAN TRACE RD., P.M.B. 107

WESTON, FL 33326

Address: City-St-Zip: