2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000116548

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

VALRICO, FL 33594

() Delete

ENGAGE OF CURITY INC

FILED Sep 08, 2003 Secretary of State

Entity Nai	Me: ENGAGE	SECURITY, INC.					
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
8020 E BROADWAY AVE TAMPA, FL 33619				8419 SUNSTATE STREET TAMPA, FL 33634 US			
Current M	lailing Addres	ss:	New Maili	New Mailing Address:			
8020 E BROADWAY AVE TAMPA, FL 33619				8419 SUNSTATE STREET TAMPA, FL 33634 US			
FEI Number	: 59-3714046	FEI Number Applied For ()	FEI Number Not App	icable () Cer	tificate of Status Desired	i ()	
Name and	Address of (Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
5202 SANI VALRICO, The above		CE US submits this statement for the pu	ırpose of changing i	ts registered office	or registered agent, o	or both,	
SIGNATUI	RE:						
	Electro	nic Signature of Registered Ager	nt		Date		
	mpaign Financin S AND DIREC	g Trust Fund Contribution(). TORS:	ADDITION	S/CHANGES TO	OFFICERS AND DIR	ECTORS	
Title: Name: Address: City-St-Zip:	PCEO (ANDERSON, D 5202 SAND TR VALRICO, FL	AP PLACE	Title: Name: Address: City-St-Zip:	PCEO (X) Cha ANDERSON, DAVID 5202 SAND TRAP PI VALRICO, FL 33594	_ACE		
Title: Name: Address: City-St-Zip:	T (MITCHELL, DA 10046 COLON TAMPA, FL 33	NADE DR	Title: Name: Address: City-St-Zip:	TCFO (X) Cha MITCHELL, DAVID D 10046 COLONNADE TAMPA, FL 33647 U	DRIVE		
Title: Name: Address:	S (LAPLANTE, RI 3069 WISTEN		Title: Name: Address:	SSVP (X) Cha LAPLANTE, RICHAR 3029 WISTER CIRC			

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

VALRICO, FL 33594 US

3255 STONEBRIDGE TRAIL

VALRICO, FL 33594 US

() Change (X) Addition

CIO

BLAIS, MARK

SIGNATURE: RICHARD L LAPLANTE SSVP 09/08/2003