

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91783 005 ***150.00

DOCUMENT # P01000021633

1. Entity Name
SUPREME INTERNATIONAL SECURITY SERVICES, INC.



Principal Place of Business
30701 WRENCREST DRIVE
WESLEY CHAPEL FL 33543

Mailing Address
30701 WRENCREST DRIVE
WESLEY CHAPEL FL 33543

2. Principal Place of Business
28700 FALLEN LEAVES WAY
Suite, Apt. #, etc.

3. Mailing Address
28700 FALLEN LEAVES WAY
Suite, Apt. #, etc.

City & State
WESLEY CHAPEL, FLORIDA

City & State
WESLEY CHAPEL, FLORIDA

4. FEI Number **01-0628477**

Applied For
Not Applicable

Zip
33543

Country
PASCO

Zip
33543

Country
PASCO

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MUHAMMAD, RICHARD
30701 WRENCREST DRIVE
WESLEY CHAPEL FL 33543

7. Name and Address of New Registered Agent

Name
MUHAMMAD, RICHARD

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

28700 FALLEN LEAVES WAY

City
WESLEY CHAPEL

FL **Zip Code**
33543

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

30 APRIL 03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUHAMMAD, RICHARD 30701 WRENCREST DRIVE WESLEY CHAPEL FL 33543	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUHAMMED, RONALD 30701 WRENCREST DRIVE WESLEY CHAPEL FL 33543	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MUHAMMAD, RICHARD 28700 FALLEN LEAVES WAY WESLEY CHAPEL, FL 33543	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MUHAMMAD, RONALD 28700 FALLEN LEAVES WAY WESLEY CHAPEL, FL 33543	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 APRIL 03

Date

Daytime Phone #

CR2E034 (10/02)