

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000043869

1. Entity Name
NORTHBROOK SECURITY, INC.Principal Place of Business
5874 S. SEMORAN BLVD.
ORLANDO FL 32822

Mailing Address

5874 S. SEMORAN BLVD.
ORLANDO FL 32822

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3746177

Applied For

Not Applicable

Zip

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DRAVES, DONNA L ESQ
120 E. CONCORD ST.
ORLANDO FL 32801

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

\$5.00 May Be

Trust Fund Contribution.

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D Delete
NAME NORTHRUP, JEFFREY S
STREET ADDRESS PO BOX 161751
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32716TITLE D Delete
NAME NORTHRUP, ASHLEY B
STREET ADDRESS PO BOX 161751
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32716TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
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:

Jeff Northrup Ceo

3/11/02 407-282-2597

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90132 004 ***150.00



DO NOT WRITE IN THIS SPACE