

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90192 006 \*\*\*150.00

**DOCUMENT #** P010Q0081020

**1. Entity Name**

Absolute Security, Inc.

653795

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

1050 Starkey Rd. #2308

Suite, Apt. #, etc.

**3. Mailing Address**

5401 Central Ave.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
Largo, FL

**City & State**  
St. Petersburg, FL

**4. FEI Number**

59-3743954

Applied For

Not Applicable

**Zip**  
33771

**Country**

**Zip**  
33710

**Country**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**

Carol McAtee

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

5401 Central Ave.

**City**

St. Petersburg

**FL**

**Zip Code**  
33710

**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)** ☐

January 15 Fee is \$150.00

After May 15 Fee is \$550.00

Amended UBR is \$61.25

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**  
D  
**NAME**  
Ron Welch  
**STREET ADDRESS**  
1050 Starkey Rd. #2308  
**CITY-ST-ZIP**  
Largo, FL 33771

**TITLE**  
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**STREET ADDRESS**  
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IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Ronald Welch*

RONALD WELCH, PRESIDENT

4/25/02

727 793-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)