

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90298 025 ***150.00

DOCUMENT # P01000081020

1. Entity Name
ABSOLUTE SECURITY, INC.



Principal Place of Business
**1050 STARKEY ROAD #2308
LARGO FL 33771**

Mailing Address
**1050 STARKEY ROAD #2308
LARGO FL 33771**



2. Principal Place of Business
21957 US HWY 19 N

3. Mailing Address
21957 US HWY 19 N

☒ CHECK HERE IF MAKING CHANGES

City & State
CLARKWATER, FL

City & State
CLARKWATER, FL

4. FEI Number **59-3743954**

Applied For
☐ Not Applicable

Zip **33765** Country **USA**

Zip **33765** Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCATEE, CAROL
5401 CENTRAL AVENUE
ST. PETERSBURG FL 33710**

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

SIGNATURE _____ (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 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D. PRESIDENT** ☐ Delete
NAME **WELCH, RON**
STREET ADDRESS **1050 STARKEY RD, #2308**
CITY-ST-ZIP **LARGO FL 33771**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE PRESIDENT** ☐ Delete
NAME **MICHAEL OLIVER**
STREET ADDRESS **13377 SOUTHERN PARKWAY DR**
CITY-ST-ZIP **AIACHUA, FL 32615**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECRETARY** ☐ Delete
NAME **DARLENE WILCIA**
STREET ADDRESS **462 LIAM AVE**
CITY-ST-ZIP **TARPOON SPRINGS, FL 34689**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREASURER** ☐ Delete
NAME **JASON MILLER**
STREET ADDRESS **1050 STARKEY RD #2308**
CITY-ST-ZIP **LARGO, FL 33771**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **RONALD WELCH** 4/21/03 727 753-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)