2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000081020 DOCUMENT #

1. Entity Name
ABSOLUTE SECURITY. INC.



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

04-25-2003 90298 025 ***150.00

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SURE, April 4, etc. Sure, April 4, etc. Sure, April 4, etc. Cory & Sure CLEAR cury TELL Cory & Sure Cory & Sure CLEAR cury TELL Cory & Sure			3. Mailing Address				NA 1980 ARIA 1881	
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CLEAR COUNTY COUN	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	,	CHECK HE	ERE IF MAKING CHANG	ES	
Zip Country Zip	City & State		City & State		4. FEI Number PO 0740074		Applied For	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCATEE, CAROL SACTIONER, AVENUE ST. PETERSBURG FL 33710 City FL Zin Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and	1		1 '		59-37439	/54		
S. Name and Address of Current Registered Agent MCATEE, CAROL SHORT Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code S. The above named entity submits this statement for the purpose of changing its registered difference registered agent, or both, in the State of Fiorida. I am familiar with, and accept inconspictions of registered agent. SIGNATURE Signature Registered Agent Signature Registered Agent City FL Zip Code City FL Zip Code S. The above named entity submits this statement for the purpose of changing its registered difference registered agent, or both, in the State of Fiorida. I am familiar with, and accept inconspictions of registered agent. SIGNATURE Signature Registered Agent City FL Zip Code Signature Registered Agent Vin the State of Fiorida. I am familiar with, and accept inconspictions of registered agent. SIGNATURE Signature Registered Agent Signature Registered Agent City FL Zip Code Add to Fiorida. I am familiar with, and accept inconspictions of registered agent, or both, in the State of Fiorida. I am familiar with, and accept inconspictions of registered agent, or both, in the State of Fiorida. I am familiar with, and accept inconspictions of registered agent, or both, in the State of Fiorida. I am familiar with, and accept inconspictions of registered agent, or both, in the State of Fiorida. I am familiar with, and accept inconspictions of registered agent, or both, in the State of Fiorida. I am familiar with, and accept inconspictions of registered agent, or both, in the State of Fiorida. I am familiar with, and accept inconspictions of registered agent, or both, in the State of Fiorida. I am familiar with, and accept inconspictions of registered agent, or both, in the State of Fiorida. I am familiar with, and accept inconspictions of registered agent, or both, in the State of Fiorida. I am familiar with, and accept inconspictions of registered agent, or both, in the State of Fiorida. I am familiar with, and	-		مرا ا		5. Certificate of Status Desire			
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B. 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00	ST. PETERSBURG FL 33710							
6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 2. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Papable to Findad Department of State 10.				City		Zip C	ode	
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12. Thereby 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 path; that I am an officer or director.		ertify that the information supplied with the	his filing does not qualify for th		Section 119.07(3)(i), Florida Statut	es. I further certify that th	e information	

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:

SIKALOURE DE QUIRE TRANSPORTER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727 753.0400

Daytime Phone #