

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90162 013 ***158.75

DOCUMENT # P01000085376

1. Entity Name
FIRST CHOICE SECURITY SERVICES, INC.



Principal Place of Business
101 N. RIVERSIDE DRIVE # 207
POMPANO BEACH FL 33062

DELETE

Mailing Address
101 N. RIVERSIDE DRIVE # 207
POMPANO BEACH FL 33062



2. Principal Place of Business
351 S. CYPRESS ROAD

Suite, Apt. #, etc.
SUITE 408

City & State
POMPANO BEACH, FLORIDA

Zip
33060

Country
U.S.A.

3. Mailing Address
351 S. CYPRESS ROAD

Suite, Apt. #, etc.
SUITE 408

City & State
POMPANO BEACH, FLORIDA

Zip
33060

Country
U.S.A.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0578172

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GOOD, FRANK C
5685 MURIFIELD VILLAGE CIRCLE
LAKE WORTH FL 33463

DELETE

7. Name and Address of New Registered Agent

Name ROBERT L. SPEELER

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

351 S. CYPRESS ROAD

City POMPADNO BEACH, FL Zip Code 33060

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 Robert L. Speeler

3-25-03

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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LARGE, THOMAS H JR.
STREET ADDRESS 5685 MURIFIELD VILLAGE CIRCLE
CITY-ST-ZIP LAKE WORTH FL 33463 ☐ Delete

TITLE VD
NAME GOOD, FRANK C
STREET ADDRESS 5685 MURIFIELD VILLAGE CIRCLE
CITY-ST-ZIP LAKE WORTH FL 33463 ☒ Delete

TITLE STD
NAME GRAHAM, BRUCE C
STREET ADDRESS 5685 MURIFIELD VILLAGE CIRCLE
CITY-ST-ZIP LAKE WORTH FL 33463 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME THOMAS H. LARGE JR.
STREET ADDRESS 351 S. CYPRESS ROAD, SUITE 408
CITY-ST-ZIP POMPADNO BEACH, FL. 33060 ☒ Change ☐ Addition

TITLE VD
NAME ROBERT L. SPEELER
STREET ADDRESS 351 S. CYPRESS ROAD, SUITE 408
CITY-ST-ZIP POMPADNO BEACH, FL. 33060 ☒ Change ☐ Addition

TITLE VSTD
NAME BRUCE C. GRAHAM JR.
STREET ADDRESS 351 S. CYPRESS ROAD, SUITE 408
CITY-ST-ZIP POMPADNO BEACH, FL. 33060 ☒ Change ☐ Addition

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

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

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

Robert L. Speeler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-03

Date

954-818-2335

Daytime Phone #

CR2E034 (10/02)