

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

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90120 011 ***150.00

DOCUMENT # P01000089070
1. Entity Name
C. B. S. SECURITY Agency CORP.
Suite 13, 122 N Jefferson Street
32204

831040

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Jacksonville, FL
Suite, Apt. #, etc.
13
City & State
Jacksonville, FL
Zip
32204 Country
DUVal

3. Mailing Address
122 N Jefferson St
Suite, Apt. #, etc.
13
City & State
JACK FL
Zip
32204 Country
DUVal

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0013617

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

Applied For
Not Applicable

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
Claudia Lamar C.L.
Street Address (P.O. Box Number is Not Acceptable)
122 N Jefferson Street
City
Jacksonville FL Zip Code
32204

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 Claudia Lamar (NOTE: Registered Agent signature required when reinstating) DATE 4/18/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
January 1 - May 1 Fee is \$150.00
After May 1, 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 NAME STREET ADDRESS CITY-ST-ZIP	<u>owner / claudia Lamar 122 N Jefferson St Jacksonville, FL 32204</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Claudia Lamar DATE 4/18/02 (904) 2634-0799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/01)