

**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

**DO NOT WRITE  
IN THIS SPACE**

4. FEI Number  
90-0013617  
Applied For  
 Not Applicable

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

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 4/8/02

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <u>owner /<br/>claudia Lamar<br/>122 N Jefferson St<br/>Jacksonville, FL 32204</u> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>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 4/8/02 (904) 2634-0799  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/01)