

**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 <u>Jacksonville, FL</u> Suite, Apt. #, etc. <u>13</u> City & State <u>Jacksonville, FL</u> Zip <u>32204</u> Country <u>DUVal</u>		3. Mailing Address <u>122 N Jefferson St</u> Suite, Apt. #, etc. <u>13</u> City & State <u>JACK FL</u> Zip <u>32204</u> Country <u>DUVal</u>	
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4. FEI Number <u>90-0013617</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 Loma (NOTE: Registered Agent signature required when reinstating) DATE 4/8/02

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>owner / claudia Loma 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 Loma DATE 4/8/02 (904) 2634-0799 Daytime Phone #

CR2E034B (12/01)