

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90154 019 ***150.00

DOCUMENT # P01000087694



1. Entity Name
ELITE SECURITY PLUS, INC.

Principal Place of Business
**2943 SW 2 CALABRIA CIR
PORT ST LUCIE FL 34953**

Mailing Address
**2943 SW 2 CALABRIA CIR
PORT ST LUCIE FL 34953**



2. Principal Place of Business
718 S.W. PORT ST. LUCIE BLVD

3. Mailing Address
SAME

Suite, Apt. #, etc.
SUITE 7

Suite, Apt. #, etc.

City & State
PORT ST. LUCIE FL

City & State

4. FEI Number **65-1144501**

Applied For
Not Applicable

Zip Country
34953 ST. LUCIE

Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

TAYLOR, ANDREW
2943 SW 2 CALABRIA CIR
PORT ST LUCIE FL 34953

CHANGE

7. Name and Address of New Registered Agent

Name
TAYLOR, ANDREW

Street Address (P.O. Box Number is Not Acceptable)
2943 S.W. WEST CALABRIA CIRCLE.

City
PORT ST LUCIE **FL** Zip Code
34953

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TAYLOR, ANDREW 2943 SW 2 CALABRIA CIR PORT ST LUCIE FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete CORAYER, EDWARD 3712 SW KARIN ST PORT ST LUCIE FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-03 772 7856779
Date Daytime Phone #

CR2E034 (10/02)