## **FILED** Feb 13, 2002 8:00 am Secretary of State

02-13-2002 90160 016 \*\*\*150.00

## **2002 UNIFORM BUSINESS REPORT (UBR)**

P01000099260

**DOCUMENT #** 1. Entity Name

STATEWIDE SECURITY PATROL INC.

Principal Plac	ce of Busines	3	Mailing Address							
1550 CARSOI	N STREET		1550 CARSON STREET							
FT MYERS FI	L 33901		FT MYERS FL 33901							
								iis <b>14</b> 51 <b>14</b> 51 11	N <b>a</b> 18419 (1861)	
2 Principal P	Place of Busin	229	3 Mailing Address							
2. Principal Place of Business			POBOX 3	200	1		1 10011031 (11 03101 11011 00111 00			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRIT	E IN THIS SE	PACE	
			tort myen	&_						<del></del>
City & State			City & State			4.	FEI Number			oplied For ot Applicable
Zip		Country	33918	Count	EE	5.	Certificate of Status Desired		8.75 Addee Require	
	6. Name	and Address of Current R	egistered Agent			7.	Name and Address of New R	egistered A	gent	
	<u> </u>			-	Name					
WALDRO	N, BRIAN M	1		}	Street Add	dress (P.O. I	Box Number is Not Acceptable	·)		
1550 CAF	rson Stre	ET								
FT MYER	IS FL 33901									
•					City			FL	Zip Coo	le
									<u> </u>	
8. The above	named entity	and mits this statement for	ine purpose of changing its	registere	ea onice or r	registered ag	gent, or both, in the State of Flo	rida.		
OLONIA TURE		$\sim$	-ald	, -				15	102	
SIGNATURE.	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE	: Registered	Agent signature	e required when r	reinstating)	DATE		<del></del> ,
A This corne	oration is elia	ible to esticty its Intendible	FILE NOW!	! FFE	IS \$150.00	n				
		ible to satisfy its Intangible and elects to do so.	FILE NOW!! After May 1, 200		•	_	10. Election Campaign Fin		\$5.0	0 May Be
	requirement a			)2 Fee 1	will be \$55	0.00	10. Election Campaign Fin Trust Fund Contribution		<b>\$5.0</b> Added	00 May Be d to Fees
Tax filing r	requirement a	and elects to do so.	After May 1, 200 Make Check Payab	)2 Fee 1	will be \$55	0.00 of State	1	n. 🗆	Adde	d to Fees
Tax filling r (See criter  11.	requirement a ria on back)	and elects to do so.  OFFICERS AND C	After May 1, 200 Make Check Payab	le to De	will be \$55 epartment	0.00 of State	Trust Fund Contribution	n.	Adde	d to Fees
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Tax filing r (See criter  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD WALDROI 1550 CAF FT MYER VD PEREIRA, 1550 CAF	OFFICERS AND CONTROL OFFICERS	After May 1, 200 Make Check Payab  Delete	12. TITLE NAME STREE CITY- TITLE NAME STREE STREE STREE STREE	will be \$55 epartment of	0.00 of State	Trust Fund Contribution	n.	Addec	d to Fees S IN 11 Addition
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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 Block 12 if changed, or on an attachment with a address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP