

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90108 027 ***150.00

DOCUMENT # P01000099260

1. Entity Name
STATEWIDE SECURITY PATROL INC.



Principal Place of Business
**1550 CARSON STREET
FT MYERS FL 33901**

Mailing Address
**PO BOX 3204
FORTMYERS FL 33918**

2. Principal Place of Business
3679 Fowler St
Suite, Apt. #, etc.

3. Mailing Address
PO Box 3204
Suite, Apt. #, etc.

City & State
FT MYERS FL
Zip
33901
Country
LEE

City & State
Fort Myers FL
Zip
33918
Country
LEE

4. FEI Number **40-001199** **APPLIED FOR**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WALDRON, BRIAN M
1550 CARSON STREET
FT MYERS FL 33901

7. Name and Address of New Registered Agent

Name **WALDRON, BRIAN M**
Street Address (P.O. Box Number is Not Acceptable)
3679 Fowler St
City **Fort Myers FL** Zip Code **33901**

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 **BRIAN M WALDRON** **1/5/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **WALDRON, BRIAN M**
STREET ADDRESS **1550 CARSON STREET**
CITY-ST-ZIP **FT MYERS FL 33901**

TITLE **President** ☒ Change ☐ Addition
NAME **WALDRON BRIAN M**
STREET ADDRESS **3679 Fowler St**
CITY-ST-ZIP **FT MYERS FL 33901**

TITLE **VD** ☒ Delete
NAME **PEREIRA, JOHN**
STREET ADDRESS **1550 CARSON STREET**
CITY-ST-ZIP **FT MYERS FL 33901**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **WALDRON BRIAN M**
STREET ADDRESS **3679 Fowler St**
CITY-ST-ZIP **FT MYERS FL 33901**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **BRIAN M WALDRON** **1/5/03** **239 332 8403**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)