

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90403 005 \*\*\*150.00

**DOCUMENT # P01000100045**

1. Entity Name

**LAW ENFORCEMENT & SECURITY CONNECTIONS, INC.**

Principal Place of Business

~~767 SOUTH LOVE ST.~~

~~QUINCY FL 32351~~

**1166 WALDEN RD.**

**TALLAHASSEE, FL. 32317**

Mailing Address

~~767 SOUTH LOVE ST.~~

~~QUINCY FL 32351~~

**1166 WALDEN RD.**

**TALLAHASSEE, FL 32317**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

**59-3749800**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PITTS, PHILIP D**

~~767 SOUTH LOVE ST.~~

~~QUINCY FL 32351~~

**1166 WALDEN RD.**

**TALLAHASSEE, FL. 32317**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Philip D. Pitts* - PHILIP D. PITTS, VICE PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

*4/14/02*

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Delete  
NAME **PITTS, DEBORAH G**  
STREET ADDRESS ~~767 SOUTH LOVE ST.~~ **1166 WALDEN RD.**  
CITY-ST-ZIP ~~QUINCY FL 32351~~ **TALLAHASSEE, FL 32317**

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

TITLE **V** ☐ Delete  
NAME **PITTS, PHILIP D**  
STREET ADDRESS ~~767 SOUTH LOVE ST.~~ **1166 WALDEN RD.**  
CITY-ST-ZIP ~~QUINCY FL 32351~~ **TALLAHASSEE, FL 32317**

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

TITLE **S** ☐ Delete  
NAME **GRIFFIN, RONALD C**  
STREET ADDRESS ~~767 SOUTH LOVE ST.~~ **PO BOX 672**  
CITY-ST-ZIP ~~QUINCY FL 32351~~ **SNEADS, FL 32460**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 an address, with all other like empowered.

**SIGNATURE:**

*Philip D. Pitts* - PHILIP D. PITTS, VP

Date

*4/14/02*

Daytime Phone #

*(850) 201-7008*

CR2E034 (9/01)