

7/9/

**FILED**  
**Jul 30, 2002 8:00 am**  
**Secretary of State**

07-09-2002 90373 010 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PO1000106979

1. Entity Name

SECUR-SHIELD, INC ✓

40100

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2155 SEMINOLE SPARKS LN

3. Mailing Address

2155 SEMINOLE SPARKS LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

VERO BEACH FL

City &amp; State

VERO BEACH FL

4. FEI Number

651155050

Applied For

Not Applicable

Zip

32963

Country

USA

Zip

32963

Country

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

7. Name and Address of Current Registered Agent

Name

ROBERT CALISTRI

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

2155 SEMINOLE SPARKS LN

City

VERO BEACH

FL

Zip Code

32963**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/30/029. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$81.25**  
**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

**PRESIDENT**  
**ROBERT CALISTRI**  
**2155 SEMINOLE SPARKS LN**  
**VERO BEACH FL 32963**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
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IN THIS SPACE**

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/02 561-234-0208  
 Date Daytime Phone #

CR2E034B (12/01)

Attachment 

June 27, 2002

To whom it may concern:

40155  
#P01000106979

This is the first year I am filing this type of report. My company( Secur-Shield, Inc.) was formed in Nov. of 2001 and I didn't know that there was a cut off period because. I did not receive the renewal form until after I called on June 27, 2002. The Person I spoke with said I should write a letter and send check asap.

Thank you

  
Robert Calistri

Attachment

40155

#P01000126979

Robert Calistri  
2155 Seminole Shores Ln.  
Vero Beach, FL 32963

Request taken by: rbrown  
06-27-2002

The forms you recently requested from this office are:

(1) 201. COR Profit A/R

Should you have any questions or need any further information,  
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314