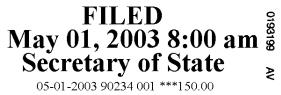
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P01000112621 DOCUMENT #

WRIGHT SECURITY & PROTEC	CTION SERVICES, INC.	語り
Principal Place of Business 9600 W. SAMPLE AD.: STE. 507 CORAL SPRINGS FL 33065	Mailing Address 9600 W. SAMPLE RD., STE, 507 CORAL SPRINGS FL 33065	
2. Principal Place of Business	3. Mailing Address	



Which decorary a moreonor denvices, are												
	ee of Business PLE AD STE. 507 GS FL 33065	9600	Mailing Address 9600 W. SAMPLE RD., STE, 507 CORAL SPRINGS FL 33065			_						
2. Principal Place of Business			3. Mailing Address				7 10011001 111 00101 1101 00111 00111 91	181 119 3 1 158	10 (191), 1 9114			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State		City & State				4. FEI Number APPLIED FOR				pplied For lot Applicable	7	
Zip Country			Zip Country				5 Certificate of Status Desired S8.75 Add					
	6. Name and Address of Current	<u> </u> Registere	Registered Agent				7. Name and Address of New Registered Agent					
. · ·				Name				·		1		
WRIGHT,					Street Address (P.O. B	Box Number is Not Acceptable)				1	
	SAMPLE RD., STE. 507 PRINGS FL 33065						· · · · · · · · · · · · · · · · · · ·				4	
00101201					City			FL	Zip Cod	de	1	
8. The above	named entity statement for	the purp	ose of changing its	registere	L ed office or register	ed ag	ent, or both, in the State of Florida	ı. Lam fa	 miliar with	, and accept	1	
the obligat	ions of registered agent.											
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if ann	licable (NOTE	: Registere	d Agent signature required	l when re	einstating)	DATE				
	ILE NOW!!! FEE IS \$150.00									-	1	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of			State				Election Campaign Finance Trust Fund Contribution.	ing		00 May Be d to Fees		
10.	OFFICERS AND I	DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFICE	RS AND [DIRECTOR	RS IN 11	إ	
TITLE	DP LAMES A		☐ Delete	TITLE					☐ Change	☐ Addition	0	
NAME STREET ADDRESS	WRIGHT, JAMES A 9600 W. SAMPLE RD., STE. 507			NAMI STRE	et address						;	
CITY-ST-ZIP	CORAL SPRINGS FL 33065				-ST-ZIP						5	
TITLE			☐ Delete	TITLE					☐ Change	☐ Addition	16	
NAME STREET ADDRESS				NAME	E Et address							
CITY-ST-ZIP					-ST-ZIP							
TITLE			☐ Delete	TITLE			 		Change	☐ Addition	1	
NAME STREET ADDRESS				NAME	et addréss		- ≎ 4	بسيدر			1.	
CITY-ST-ZIP					-ST-ZIP							
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NAME				NAME	ſ							
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TITLE	<u> </u>		□ Delete	TITLE					Change	Addition	1	
NAME			061616	NAME	ļ				0	L Iddition		
STREET ADDRESS				B	ET ADDRESS							
CITY-ST-ZIP	of the state of th	deta de		CITY-	ST-ZIP		140 07(0)(0) Fit 14 (0) 1 1 1 1 1				1	

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 exemptions are proposed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTING NAME OF SIGNING OFFICER OR DIRECTOR

254-757-5335