

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

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90082 044 ***150.00

DOCUMENT # PO1000112660

1. Entity Name

Surveillance Professionals Incorporated

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Pompano Beach, Florida

3. Mailing Address

3141 NE 13th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

4. FEI Number

47-0647482

Applied For

Not Applicable

Zip

33064

Country

U.S.

Zip

33064

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Brian Fields

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

3141

3141 NE 13th Avenue

City

Pompano Beach

FL

Zip Code

33064

**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

Brian Fields

Brian Fields President

4-15-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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 \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Brian Fields
3141 NE 13th Ave
Pompano Beach, FL 33064

TITLE
NAME
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Brian Fields

Brian Fields, President

4-15-02

954-914-0008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)