

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90129 001 ***150.00

0006366
 AT

DOCUMENT # P01000119542

1. Entity Name

SHIELD OF PROTECTION PSL, INC.

Principal Place of Business

**6174 NW 41ST DRIVE
 CORAL SPRINGS FL 33607**

Mailing Address

**6174 NW 41ST DRIVE
 CORAL SPRINGS FL 33607**

2. Principal Place of Business

1339 SW SOUTH MACEDO BLVD

3. Mailing Address

1339 SW SOUTH MACEDO BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE FL.

City & State

PORT ST. LUCIE FL.

Zip

34983

Country

USA

Zip

34983

Country

USA

6. Name and Address of Current Registered Agent

**WHITTEN, W. RICHARD
 6174 NW 41ST DRIVE
 CORAL SPRINGS FL 33607**

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

7. Name and Address of New Registered Agent

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

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) ☐

**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

TITLE **DPST** ☐ Delete
 NAME **WHITTEN, W. RICHARD**
 STREET ADDRESS **6174 NW 41ST DRIVE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33607**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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:

William R. Whitten
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/02 954-325-3246
 Date Daytime Phone #

CR2E034 (9/01)