

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2003 8:00 am
Secretary of State

07-24-2003 90111 011 ***150.00

DOCUMENT # P02000014680

1. Entity Name
EXCLUSIVE PROTECTION SERVICES, INC.



Principal Place of Business

**7820 DILIDO BLVD.
MIRAMAR FL 33023**

Mailing Address

**7820 DILIDO BLVD.
MIRAMAR FL 33023**

2. Principal Place of Business

7820 Dilido Blvd

Suite, Apt. #, etc.

3. Mailing Address

7820 Dilido Blvd

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

MIRAMAR FLORIDA

City & State

MIRAMAR FLORIDA

4. FEI Number

01-0599661

Applied For

☐ Not Applicable

Zip

33023

Country

U.S.A.

Zip

33023

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VELASQUEZ, GILBERT
7820 DILIDO BLVD.
MIRAMAR FL 33023**

7. Name and Address of New Registered Agent

Name

Gilbert Velasquez

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

7820 Dilido Blvd.

City

MIRAMAR

FL

Zip Code

33023

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Gilbert Velasquez

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7.20.03

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **VELASQUEZ, GILBERT**
STREET ADDRESS **7820 DILIDO BLVD.**
CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE **D** ☒ Delete
NAME **LAGOTTI, WILLIAM**
STREET ADDRESS **7820 DILIDO BLVD.**
CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.20.03 (954) 647-9222

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

90146139

20 July 2003

Florida Department of State
Division of Corporations

Gentlemen,

I am the President and chief
stockholder of Exclusive Protection Services, Inc.
FL (PLO2000014680)

The uniform business report that I am
filing with you at this time is the first
and only form that has been recieved.

As such, pursuant to instructions I am
enclosing payment for \$150.00

Thank you
Gilbert Velazquez