

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-24-2003 90246 026 ***150.00

DOCUMENT # P02000022374

1. Entity Name
LIFESHIELD SECURITY, INC.



Principal Place of Business
12890 DUNES LAKE TERRACE
JACKSONVILLE FL 32225

Mailing Address
12890 DUNES LAKE TERRACE
JACKSONVILLE FL 32225

2. Principal Place of Business

4540 Southside Blvd

3. Mailing Address

4540 Southside Blvd

Suite, Apt. #, etc.

Suite 602

Suite, Apt. #, etc.

Suite 602

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32216

Country

USA

Zip

32216

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

35-2161182

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

NICHOLAS, JAMES R

576 VALLEY FORGE RD. N

NEPTUNE BEACH FL 32266

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/17/2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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	DP	<input type="checkbox"/> Delete
NAME	GROFF, HARRY J	
STREET ADDRESS	12890 DUNES LAKE TERRACE	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GROFF, AIXA E	
STREET ADDRESS	12890 DUNES LAKE TERRACE	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	NICHOLAS, JAMES R	
STREET ADDRESS	576 VALLEY FORGE RD. N	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GUNN, MARSHALL I	
STREET ADDRESS	4414 CATHEYS CLUB LN	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESTEVEZ, PABLO M	
STREET ADDRESS	2473 MAYAPPLE RD. E.	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

HARRY J. GROFF 2/17/2003 904-997-6767

Date

Daytime Phone #

CR2E034 (10/02)