

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

FILED

DOCUMENT # P02000024851

1. Entity Name

UNITED PROTECTION SERVICES, INC.



03 NOV 10 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

900024575489  
11/10/03--01117--008 \*\*150.00

2. Principal Place of Business  
1868 N. UNIVERSITY DRIVE

3. Mailing Address  
1868 N. UNIVERSITY DRIVE

Suite, Apt. #, etc.  
STE. 202

Suite, Apt. #, etc.  
STE. 202

City & State  
PLANTATION, FL

City & State  
PLANTATION, FL

4. FEI Number 01-0617610

Applied For  
Not Applicable

Zip  
33322

Country  
US

Zip  
33322

Country  
US

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name DON WINCHELL

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

1868 N. UNIVERSITY DRIVE, STE. 202

City PLANTATION

FL

Zip Code

33322

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entry 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

DON WINCHELL

11-05-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DON WINCHELL  
1868 N. UNIVERSITY DRIVE, STE. 202  
PLANTATION, FL 33322

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SANDRA GONZALEZ  
1868 N. UNIVERSITY DRIVE, STE. 202  
PLANTATION, FL 33322

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JOSEPH MAIMON  
1868 N. UNIVERSITY DRIVE, STE. 202  
PLANTATION, FL 33322

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with an officer like empowered.

SIGNATURE:

DON WINCHELL

11-05-03

954-424-6244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

**UNITED PROTECTION SERVICES, INC.**  
**1868 N. University Drive, Suite 202**  
**Plantation, FL 33322**

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11-05-03

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

**Re: P02000024851**


To Whom It May Concern:

Please be advised that the mailing address of my corporation has changed and I never received my 2003 UBR.

Enclosed is a blank report that I have filled out along with a check for \$150.00.

Please accept this in full satisfaction of my filing requirements and abate any penalties that I may be assessed.

Thank you,



Don Winchell  
Director