

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

FILED

03 NOV 10 PM 2:46

DOCUMENT # P02000024851

1. Entity Name

UNITED PROTECTION SERVICES, INC.



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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

REINSTATEMENT 03

2. Principal Place of Business
1868 N. UNIVERSITY DRIVE
Suite, Apt. #, etc.
STE. 202

3. Mailing Address
1868 N. UNIVERSITY DRIVE
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

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

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IN THIS SPACE**

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

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 DON WINCHELL 11-05-03
Signature, typed or printed name of registered agent and title 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	DON WINCHELL	1868 N. UNIVERSITY DRIVE, STE. 202	PLANTATION, FL 33322				
D	SANDRA GONZALEZ	1868 N. UNIVERSITY DRIVE, STE. 202	PLANTATION, FL 33322				
D	JOSEPH MAIMON	1868 N. UNIVERSITY DRIVE, STE. 202	PLANTATION, FL 33322				

**DO NOT WRITE
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 all other 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

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