

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90153 035 \*\*\*150.00

0370031 AV

**DOCUMENT # P02000031973**

1. Entity Name

**PATROLMAN GUARD SERVICE, INC.** ✓



Principal Place of Business

**4531 NE 18TH AVE.  
OAKLAND PARK FL 33334**

Mailing Address

**4531 NE 18TH AVE.  
OAKLAND PARK FL 33334**

2. Principal Place of Business

**4501 NE 18 AVE**

Suite, Apt. #, etc.

3. Mailing Address

**4501 NE 18 AVE**

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

**OAKLAND PARK FL**

City & State

**OAKLAND PARK FL**

4. FEI Number

**01-0632905**

Applied For

Not Applicable

Zip

**33334**

Country

**USA**

Zip

**33334**

Country

**BSK**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SCHNEIDER, JEFFREY A  
1402 ROYAL PALM BCH BLVD., SUITE 110  
ROYAL PALM BCH FL 33411**

7. Name and Address of New Registered Agent

Name **WILLIAM PIROSO**

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

**4501 NE 18 AVENUE**

City **OAKLAND PARK FL 33334**

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

(NOTE: Registered Agent signature required when reinstating)

**2/28/03**

DATE

**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 **PRESIDENT / TREASURER** ☐ Delete  
NAME **WILLIAM PIROSO**  
STREET ADDRESS **4501 NE 18 AVE**  
CITY-ST-ZIP **OAKLAND PARK FL 33334**

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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:

**WILLIAM PIROSO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/28/03**

Date

**9543409715**

Daytime Phone #

CR2E034 (10/02)