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

## **DOCUMENT #**

P02000038446

1. Entity Name

JRON CLAD SECURITY INC



Apr 11, 2003 8:00 am § Secretary of State **FILED** 

04-11-2003 90108 002 \*\*\*150.00

IIION OBAB	0200/1111, 1110.						
Principal Place of Business		Mailing Address					
1913 E. STATE ROAD 200		1913 E. STATE ROAD 200					
YULEE FL 32097		YULEE FL 32097			10   15   11   11   12   15   15   15   15		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number +312.06	Applied For Not Applicable		
Žip	Country	Zip	Country		8.75 Additional ee Required		
6	. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent			
			Name	الراجيات المحمولات المحمولات الراجيات المحمولات والمحمولات			
MCCARROLL, LORIE L C.P.A.			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
2334 E. STAT	E ROAD 200						
SUITE 300	• •			•			
FERNANDINA BEACH FL 32034			City	City FL Zip Code			
	ned entity submits this statement for of registered agent.	the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am fa	miliar with, and accept		
SIGNATURE	ature, typed or printed näme of registered agent a	nd title if applicable. (NOT	E: Registered Agent signature requ	uired when reinstating) DATE			
FILE	NOW!!! FEE IS \$150.00				A= 00		
After May 1, 2003 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
Make Check Pay	yable to Florida Department of	State		Host Fund Contribution.	Added to 1 ees		
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 11		
TITLE D	•	☐ Delete	TITLE		Change Addition		
	NNEDY, DENNIS M		NAME				
STREET ADDRESS 19	13 F STATE BOAD 200		STREET ADDRESS				

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, DENNIS M 1913 E. STATE ROAD 200 YULEE FL 32097	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		∐ Change	J Addition
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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.