

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 10, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90116 029 \*\*\*150.00  
09-10-2003 90065 031 \*\*\*550.00

**DOCUMENT #** P02000050848

**1. Entity Name**  
NATIONAL SECURITY ACADEMY, INC.



**Principal Place of Business**  
3987 SHILOH CIRCLE  
TALLAHASSEE FL 32308

**Mailing Address**  
3987 SHILOH CIRCLE  
TALLAHASSEE FL 32308



**2. Principal Place of Business**  
26070 Blue Star Hwy

**3. Mailing Address**  
3987 Shiloh Cir

**4. Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

**City & State**  
Havana, FL

**City & State**  
Tall, FL

**32333** **Country** USA **32308** **Country** USA

**4. FEI Number** 01-068-6447 **Applied For**  
Not Applicable

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

**6. Name and Address of Current Registered Agent**  
HOFFMAN, DAWN  
3987 SHILOH CIRCLE  
TALLAHASSEE FL 32308

**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** *CA Catino* **9-01-03**  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> HOFFMAN, DAWN 3987 SHILOH CIRCLE TALLAHASSEE FL 32308 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> Thomas E. Monahan <input type="checkbox"/> Delete 6036 Old Red Hwy Quincy FL 32351	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Treas.</b> Colleen Catino Treasurer <input type="checkbox"/> Delete 404 Lacosta St. Melo Bch, FL 32951	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Sec</b> Donald R. Sorchych <input type="checkbox"/> Delete P.O. Box 48817 Cave Creek, Arizona 85327	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**2. 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* **9-07-03**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (4/78)