

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90452 047 ***150.00

DOCUMENT # P02000054766

1. Entity Name
MGA SECURITY OF FLORIDA, INC.



Principal Place of Business
219 MARTIN ST
IND HBR BCH FL 32937

Mailing Address
219 MARTIN ST
IND HBR BCH FL 32937

2. Principal Place of Business
218 MARTIN STREET
Suite, Apt. #, etc.

3. Mailing Address
218 MARTIN STREET
Suite, Apt. #, etc.

City & State
IND HBR BCH, FL

City & State
IND HBR BCH, FL

4. FEI Number
04-3673286

Applied For
Not Applicable

Zip
32937

Country

Zip
32937

Country

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

BRUNN, FRANK
407 E NEW HAVEN AVE
MELBOURNE FL 32901-4507

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

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **AMENDOLARE, FRANK**
STREET ADDRESS **219 MARTIN ST**
CITY-ST-ZIP **IND HBR BCH FL 32937**

TITLE **D** ☐ Delete
NAME **AMENDOLARE, PAT**
STREET ADDRESS **219 MARTIN ST**
CITY-ST-ZIP **IND HBR BCH FL 32937**

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 **AMENDOLARE, MICHAEL**
STREET ADDRESS **218 MARTIN STREET**
CITY-ST-ZIP **IND HBR BCH, FL 32937**

TITLE ☒ Change ☐ Addition
NAME **AMENDOLARE, PATRICIA**
STREET ADDRESS **218 MARTIN STREET**
CITY-ST-ZIP **IND HBR BCH, FL 32937**

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

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

TITLE ☐ Change ☐ Addition
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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: *Patricia Amendolare* **4/7/03 321-773-4662**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DATE** **Daytime Phone #**

CR2E034 (10/02)