

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

DOCUMENT # **P-02000123565**

1. Entity Name **US security protection INC**



FILED

03 JUL -5 PM 1:08

SEAL OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **1999 West Colonial Dr - Orlando FL 32804**
 Suite, Apt. #, etc. **206**

3. Mailing Address **1994 W. Colonial Dr**
 Suite, Apt. #, etc. **206**

DO NOT WRITE IN THIS SPACE

City & State **Orlando FL**

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4. FEI Number **46-0508480**

Applied For
Not Applicable

Zip **32804** Country **ORANGE**

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

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7. Name and Address of Current Registered Agent

Name **AMOS NOMBRE**

Street Address (P.O. Box Number is Not Acceptable) **2013 TORREY Dr**

City **Orlando FL** FL Zip Code **32808**

B. 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 **Amos Nombre**

DATE **05/14/03**

(NOTE: Registered Agent signature required when reinstating)

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 **President**
 NAME **NOMBRE Amos**
 STREET ADDRESS **1999 West Colonial Dr**
 CITY-ST-ZIP **Orlando FL 32804**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **05/14/03**

Daytime Phone #

CR2E034B (12/02)

Florida Department of Cooperation,

This letter is explaining that we did not received the uniform report on time so therefore we were not able to send the money on time, Thank you for your patience.

THANK YOU