

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000133321

FILED  
Sep 11, 2003  
Secretary of State

**Entity Name:** EMPIRICAL PROTECTIVE SERVICES, INC.

**Current Principal Place of Business:**

1950 LEE RD., STE. 114  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

1950 LEE RD., STE. 114  
WINTER PARK, FL 32789

**New Mailing Address:**

**FEI Number:** 37-1452164

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRYAR-GRAHAM, ANITA  
1950 LEE RD., STE. 114  
WINTER PARK, FL 32789

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** GRAHAM, PETER  
**Address:** 1950 LEE RD., STE. 114  
**City-St-Zip:** WINTER PARK, FL 32789

**Title:** D ( ) Delete  
**Name:** FRYAR-GRAHAM, ANITA  
**Address:** 1950 LEE RD., STE. 114  
**City-St-Zip:** WINTER PARK, FL 32789

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** VICE (X) Change ( ) Addition  
**Name:** GRAHAM, PETER  
**Address:** 1950 LEE RD., STE. 114  
**City-St-Zip:** WINTER PARK, FL 32789

**Title:** PRES (X) Change ( ) Addition  
**Name:** FRYAR-GRAHAM, ANITA  
**Address:** 1950 LEE RD., STE. 114  
**City-St-Zip:** WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** ANITA FRYAR-GRAHAM

PRES

09/11/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date