

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P30787

1. Entity Name

GLOBE AIRPORT SECURITY SERVICES, INC.

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

08-22-2000 90007 032 \*\*\*550.00

Principal Place of Business

800 W AIRPORT FREEWAY  
STE 911  
DALLAS TX 75062  
US

Mailing Address

% THE CORPORATION TRUST CO  
200 S. MICHIGAN AVE.  
CHICAGO IL 60604-2402

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 22-3059211

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME ANDES, WILLIAM J  
STREET ADDRESS 1791 PRINCETON CT  
CITY-ST-ZIP LAKE FOREST IL 60045 ☐ Delete

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

TITLE AS  
NAME BLIGH, DIANA W.  
STREET ADDRESS 200 S. MICHIGAN  
CITY-ST-ZIP CHICAGO IL ☐ Delete

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

TITLE V  
NAME WOOD, TIMOTHY M  
STREET ADDRESS 200 SO MICHIGAN AVE  
CITY-ST-ZIP CHICAGO IL ☒ Delete

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

TITLE T  
NAME COOPER, BRIAN S  
STREET ADDRESS 200 S MICHIGAN AVE.  
CITY-ST-ZIP CHICAGO IL ☐ Delete

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

TITLE D  
NAME O'BRIEN, JOHN D  
STREET ADDRESS 200 S MICHIGAN AVE  
CITY-ST-ZIP CHICAGO IL ☐ Delete

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

TITLE S  
NAME LACKEY, ROBERT E  
STREET ADDRESS 1907 BUCKINGHAM RD  
CITY-ST-ZIP MUNDELEIN IL 60060 ☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Robert E. Lackey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-16-00 312 322-8735

CR2E034 (9/99)