

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90008 022 \*\*\*158.75

**DOCUMENT # P92000006966**

1. Entity Name

**SECURITY TRAVEL USA, INC.**

Principal Place of Business

**4524 W. VILLAGE DRIVE  
 STE A  
 TAMPA FL 33624  
 US**

Mailing Address

**235 9TH AVE. N.E.  
 ST. PETERSBURG FL 33701  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**5354 W. Village Dr.**  
 Suite, Apt. #, etc.

3. Mailing Address

**450 5th Ave. N.**  
 Suite, Apt. #, etc.

City & State

**Tampa, FL**

City & State

**St. Petersburg, FL**

4. FEI Number

**59-3145924**

Applied For

Not Applicable

Zip

**33624**

Country

**USA**

Zip

**33701**

Country

**USA**

5. Certificate of Status Desired

☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**O'BRIEN, DANIEL  
 4534 W. VILLAGE DR  
 STE A  
 TAMPA FL 33624**

7. Name and Address of New Registered Agent

Name **O'Brien, Daniel**

Street Address (P.O. Box Number is Not Acceptable)

**5354 W. Village Dr.**

City **Tampa**

**FL**

**33624**

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 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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVDC O'BRIEN, DANIEL 235 9TH AVE. N.E. ST. PETERSBURG FL 33701</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M O'BRIEN, DANIEL 235 9TH AVE. N.E. ST. PETERSBURG FL 33701</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST O'BRIEN, DAWN 235 9TH AVE. N.E. ST. PETERSBURG FL 33701</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>450 5th Ave. N.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>450 5th Ave. N.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>450 5th Ave. N.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Signature Required**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)