

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91519 036 ***150.00

DOCUMENT # P940000000049 ✓
1. Entity Name
PEDERSEN SECURITY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3092 STARRATT RD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

City & State

4. FEI Number
59-3224741

Applied For
Not Applicable

Zip
32226

Country
DUVAL

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name JOHN PEDERSEN

Street Address (P.O., Box Number, is Not Acceptable)
3092 STARRATT RD

City JAX, FL Zip Code 32226

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 JOHN PEDERSEN PRESIDENT
NAME
STREET ADDRESS 3092 STARRATT RD.
CITY-ST-ZIP JACKSONVILLE, FL 32226

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

SIGNATURE: John Pedersen april 19, 2002 904-714-6969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)