

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90210 043 ***150.00

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1. Entity Name

APS/ATLAS PROTECTIVE SERVICES



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2217 Polo Club Dr

3. Mailing Address

Same

Suite, Apt. #, etc.

#302

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

4. FEI Number

59-3341470

Applied For

Not Applicable

Zip

Country

34741

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PAT Ceballos

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

2217 Polo Club Dr #302

City

Kissimmee

FL

Zip Code

34741

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/03

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	NAME	STREET ADDRESS	CITY - ST - ZIP
<i>President/Secretary</i>	<i>PAT Ceballos</i>	<i>2217 Polo Club Dr #302</i>	<i>Kissimmee, FL 34741</i>

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/03

Daytime Phone #

CR2E034B (12/02)