

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

DOCUMENT # P96000011559

1. Entity Name
ONE STOP SECURITY, INC.



03 SEP 12 PM 5:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4006 E. HILLSBOROUGH AVE
TAMPA, FL 33610

Mailing Address
4006 E. HILLSBOROUGH AVE
TAMPA, FL 33610

500023048275
09/15/03--01034--011 **61.25

2. Principal Place of Business

7028 W. WATERS AVE

Suite, Apt. #, etc.

300

City & State

TAMPA FL

Zip

33634-2292

Country

HILLSBOROUGH

3. Mailing Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

SAME

2003 AMENDED

4. FEI Number
59-3365402

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KHALED EL JAMAL
4006 E. HILLSBOROUGH AVE
TAMPA, FL 33610

7. Name and Address of New Registered Agent

Name **GUILLERMO RUZ**

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

8217 VASSAR CIR

TAMPA

City

FL

Zip Code

33634

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's signature required when reinstating)

GUILLERMO RUZ

9/9/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$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 **DP** ☒ Delete
NAME **EL JAMAL, KHALED M**
STREET ADDRESS **4006 E. HILLSBOROUGH AVE**
CITY-ST-ZIP **TAMPA, FL 33610**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **GUILLERMO RUZ**
STREET ADDRESS **8217 VASSAR CIR**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **VP** ☐ Change ☒ Addition
NAME **PATRICK SMITH**
STREET ADDRESS **3203 RUSSETT DR**
CITY-ST-ZIP **TAMPA FL 33618**

TITLE **KHALED EL JAMAL** ☐ Change ☒ Addition
NAME **18321 KUKALANE**
STREET ADDRESS **SPRING HILL, FL 34610**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **MAGALY RUZ**
STREET ADDRESS **8217 VASSAR CIR**
CITY-ST-ZIP **TAMPA FL 33634**

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

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

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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUILLERMO RUZ

Date

Daytime Phone #

9/9/03 (813)882-8365

CR2E034 (10/02)