

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000032743**

1. Entity Name

CUSTOM SECURITY SPECIALISTS, INC.**FILED**
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90038 033 ***158.75

0090262 AV

Principal Place of Business

**1810 HYPOLUXO ROAD
SUITE D-8
BOYNTON BEACH FL 33435
US**

Mailing Address

**137 SE 15TH AVE
S-161
BOYNTON BCH FL 33437
US****900718**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1810 Hypoluxo Road

Suite, Apt. #, etc.

Suite D-8

City & State

LAKE WORTH, FL

Zip

33462

Country

US

3. Mailing Address

1810 Hypoluxo Road

Suite, Apt. #, etc.

Suite D-8

City & State

LAKE WORTH, FLORIDA

Zip

33462

Country

US

4. FEI Number

65-0662546

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

FRIEDLAND, KIRK**501 SOUTH FLAGLER DR., STE. 501****WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

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, 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	
	PVPT			<input checked="" type="checkbox"/> Delete
	KRAPE, RICHARD D			
	137 SE 15TH AVE A-161			
	BOYNTON BEACH FL 33435			

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

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	
	PVPTS			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	KRAPE, RICHARD D.			
	7842 SIENNA SPRINGS DR			
	LAKE WORTH, FL 33463			

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

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:

RICHARD D. KRAPE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-2002 561-662-0830

CR2E034 (9/01)