

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 15, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000067276**1. Entity Name
PROTECTIVE SYSTEMS OF JACKSONVILLE, INC.Principal Place of Business
10903 HOUNDWELL WAY
JACKSONVILLE FL 32225Mailing Address
10903 HOUNDWELL WAY
JACKSONVILLE FL 322252. Principal Place of Business
7800 POINTE MEADOWS DRIVE3. Mailing Address
7800 POINTE MEADOWS DRIVESuite, Apt. #, etc.
UNIT 221Suite, Apt. #, etc.
UNIT 221City & State
JACKSONVILLE FLCity & State
JACKSONVILLE FLZip
32256

Country

Zip
32256

Country

4. FEI Number
59-3403966Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMCCUNE JONATHAN E
10903 HOUNDWELL WAY
JACKSONVILLE FL 32225**7. Name and Address of New Registered Agent**Name
MCCUNE JONATHAN E
Street Address (P.O. Box Number is Not Acceptable)
7800 POINTE MEADOWS DRIVE
UNIT 221
City JACKSONVILLE FL Zip Code 32256

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 **JONATHAN MCCUNE****04/15/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**TITLE VSD ☐ Delete
NAME HAYDEN CHARLES JIII
STREET ADDRESS 10934 HOUNDWELL WAY
CITY-ST-ZIP JACKSONVILLE FLTITLE PTD ☐ Delete
NAME MCCUNE JONATHAN E.
STREET ADDRESS 10903 HOUNDWELL WAY
CITY-ST-ZIP JACKSONVILLE FLTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE VSD ☒ Change ☐ Addition
NAME HAYDEN CHARLES JIII
STREET ADDRESS 960 NORTH HAVEN CIRCLE
CITY-ST-ZIP CHESAPEAKE VA 23322TITLE PTD ☒ Change ☐ Addition
NAME MCCUNE JONATHAN E.
STREET ADDRESS 7800 POINTE MEADOWS DRIVE, UNIT 221
CITY-ST-ZIP JACKSONVILLE FL 32256TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: CHARLES J. HAYDEN III**VSD 04/15/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)