

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90067 047 ***150.00

UNIFORM BUSINESS REPORT

DOCUMENT # P96000067276
 1. Entity Name
PROTECTIVE SYSTEMS OF JACKSONVILLE, INC.

Principal Place of Business 7800 POINTE MEADOWS DRIVE UNIT 221 JACKSONVILLE FL 32256	Mailing Address 7800 POINTE MEADOWS DRIVE UNIT 221 JACKSONVILLE FL 32256
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2. Principal Place of Business 10901 BURNT Mill Rd Suite, Apt. #, etc. # 2602 City & State JACKSONVILLE FL	3. Mailing Address 10901 BURNT Mill Rd Suite, Apt. #, etc. # 2602 City & State JACKSONVILLE FL
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DO NOT WRITE IN THIS SPACE

Zip 32256	Country DUVAL	Zip 32256	Country DUVAL
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4. FEI Number 59-3403966	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MCCUNE, JONATHAN E
 7800 POINTE MEADOWS DRIVE
 UNIT 221
 JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent
 Name **JONATHAN E. McCune**
 Street Address (P.O. Box Number is Not Acceptable)
10901 BURNT Mill Rd
2602
 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 E. MCCUNE 1/14/2002**
Jonathan E. McCune
 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	PTD MCCUNE, JONATHAN E. 7800 POINTE MEADOWS DRIVE, UNIT 221 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HAYDEN, CHARLES J III 960 NORTH HAVEN CIRCLE CHESAPEAKE VA 23322	<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		<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
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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: **JONATHAN E. MCCUNE (President)**
Jonathan E. McCune
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **1-14-2002** Daytime Phone # **645-5277**

CR2E034 (9/01)