

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091648

1. Entity Name
HSI SECURITY INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC -4 AM 8:01

Principal Place of Business
6151 MIRAMAR PKWY
SUITE 207
MIRAMAR FL 33023

Mailing Address
12289 PEMBROKE ROAD SUITE 183
PEMBROKE PINES FL 33025

B0121596



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 65-0781433

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARMON, JOSEPH L II
12289 PEMBROKE ROAD SUITE 183
PEMBROKE PINES FL 33025

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME HARMON, JOSEPH L II
STREET ADDRESS 12289 PEMBROKE ROAD SUITE 183
CITY-ST-ZIP PEMBROKE PINES FL 33025 ☐ Delete

TITLE
NAME
STREET ADDRESS 600009440786
CITY-ST-ZIP 12/10/02--01079--014 **160.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS 600009440786
CITY-ST-ZIP 12/10/02--01079--015 **5.00 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

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H.S.I. SECURITY, INC.

12289 Pembroke Road, Suite 183
Pembroke Pines, Florida 33023
954.450.1981

November 6, 2002

Uniform Business Reports
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314


Re: Uniform Business Report

Dear: Ms. Pat Bailey

Enclosed you will find a check in the amount of \$165.00 for annual fee required by the Division of Corporations for document #P97000091648.

Per our conversation this date, you will a cashier check and a copy of a previously sent cashier check for reinstatement of H.S.I. Security, Inc.

We hope this will satisfy the requirements with regard to any other feeds necessary. If you have any questions please feel free to call.

Sincerely,

Joseph L. Harmon
President