

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

02 FEB 21 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000100137**

1. Entity Name

Securcorp, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9143 Shoal Creek Dr

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee FL

City & State

4. FEI Number

65-0806446

Applied For

Not Applicable

Zip

32312

Country

LeON

Zip

Country

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

7. Name and Address of Current Registered Agent

Name

Howard B. Wood

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

9143 Shoal Creek Dr

City

Tallahassee

FL

Zip Code

32312

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **P.** NAME **Howard Wood**
STREET ADDRESS **9143 Shoal Creek Dr**
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** NAME **Adela M. Wood**
STREET ADDRESS **9143 Shoal Creek Dr**
CITY-ST-ZIP **Tallahassee FL 32312**

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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 on an attachment with an address, with all other like empowerments.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/02

Date

Day/Time Phone #

CP2FC04R (12/01)