## **2001 UNIFORM BUSINESS REPORT (UBR)**

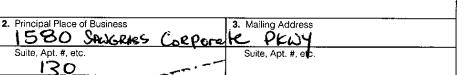
P98000003757

DOCUMENT #

1. Entity Name

WRIGHT GUARD SECURITY INC.

Principal Place of Business	Mailing Address
12289 PEMBROKE RD	12289 PEMBROKE RD
#13	#13
HOLLYWOOD FL 33025	HOLLYWOOD FL 33025



City & State



DO NOT WRITE IN THIS SPACE

4. FI	FEI Number	CE 0000000	Applied For
	65-0802696	Not Applicable	

35565	W2H		
6. Name	6. Name and Address of Current Registered Agent		
WRIGHT, JAMES		منه د د استان ا	
2216 SW 58 AVE			
HOLLYWOOD FL 330	23		

7. Name and Address of New Registered Agent		
Name Donovan O- Withte		
Street Address (P.O. Box Number is Not Acceptable)		
estima; Ic		

5. Certificate of Status Desired

<b>B.</b> The a	bove named entity submits this statement for the purpose of	changing its registered office or registered agent, or both, in the State	of Florida.
SIGNATU	(7) ( $7$ ) if	,	
	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 \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State

Country

**10.** Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

\$8.75 Additional

Fee Required

11.	OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Delete WHITE, DONOVAN O 18837 NW 79TH CT. HIALEAH FL 33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IAVANDA L PONDT □ Delete  1003 NW 38 ST.  Mitmi FL 33127	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME  STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition :
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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

DOWOVAN O. White usep

3058249°672