

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**  
 05-15-2001 90036 029 \*\*\*150.00

**DOCUMENT # P98000004785**

1. Entity Name  
**SPECIALIZED PROTECTIVE SURVEILLANCE SERVICES INC**

Principal Place of Business

~~1150 E PLANT ST  
 WINTER GARDEN FL 34787  
 US~~

Mailing Address

P.O. BOX 680738  
 ORLANDO FL 32868  
 US

343146

2. Principal Place of Business

**3784A Silver Star Rd.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ORLANDO, FL.**

City & State

4. FEI Number **59-3487872**

Applied For

Not Applicable

Zip **32808**

Country **U.S.**

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

**SAPP, GERALD**

~~5256 LIMELIGHT CIR  
 ORLANDO FL 32839~~

Name

**GERALD SAPP**

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

**5527 N. Pinellas Rd.**

City

**Orlando**

FL

Zip Code

**32808**

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, 2001 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 **P** ☐ Delete  
 NAME **SAPP, GERALD**  
 STREET ADDRESS **5256 LIMELIGHT CIR**  
 CITY-ST-ZIP **ORLANDO FL 32839**

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

CR2E034 (10/00)

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 #

**GERALD SAPP President 4/30/01 (407) 849-4430**