

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90181 032 ***150.00

063414 AT

DOCUMENT # P98000004785



1. Entity Name
SPECIALIZED PROTECTIVE SURVEILLANCE SERVICES INC

Principal Place of Business
3784A SILVERSTAR ROAD
ORLANDO FL 32808
US

Mailing Address
P.O. BOX 680738
ORLANDO FL 32868
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3487872**

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

SAPP, GERALD
3158 GOLDEN ROCK DR
ORLANDO FL 32818

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **SAPP, GERALD**
STREET ADDRESS **3158 GOLDEN ROCK DR**
CITY-STATE-ZIP **ORLANDO FL 32818**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

12. 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 10 or Block 11 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 #

5-12-03 (407) 849-4430

CR2E034 (10/02)

Attachment

90135569

#P98000004785



3784A Silver Star Rd
Orlando, FL 32808
Phone (407) 849-4430
Fax (407) 298-6232

To: Florida Dept. of State
Division of Corporations
Re: Waiver of Late Fees

Dear Sir or Madam,

I, Gerald Sapp, the President of Specialized Protective & Surveillance Services, Inc. sincerely ask that you waive my late fees due to unforeseen circumstances.

This past March, I terminated my secretary because she abused the privileges that was extended to her. I gave her a two week notice as her last day was March 21, 2003. Prior to her departure she was given my Uniform Business Report to file. On May 12, 2003, I discovered the file in a draw within the supply room.

I hope you could consider my request for the waiver. If you have any questions, please call me. Thank you for your time and energy.

Sincerely,

Gerald Sapp
President, SPS, Inc.