2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State
04-02-2003 90120 022 ***150.00

DOCUMENT # P98000021316

1. Entity Name
GBR SECURITY SERVICES, INC.

Principal Place of Business	Mailing Address
2000 CORPORATE SQ BLVD	PO BOX 54436
STE 4	JACKSONVILLE FL 32245-4436
JACKSONVILLE FL 32216	US
US	

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
11655 CENTRAL PARKWAY	
Suite, Apt. #, etc. SUITE 314	Suite, Apt. #, etc.
City & State JACKSONVILLE, FL	City & State
Zip 32224 Country USA	Zip Country

4. FEI Number 59-3497120 ☐ Applied For ☐ Not Applicable

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
BROOME, MAXIE JR.	Name TONIA YAZGI
3120 ATLANTIC BLVD., STE. 2	Street Address (P.O. Box Number is Not Acceptable) 3123 BEACH BLVD.
JACKSONVILLE FL 32207	City JACKSONVILLE FL Zip Code 32207

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 Tonia Yazgi DATE 3-17-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ROUSE, GARY		NAME		
STREET ADDRESS	2855 ANNISTON ROAD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32246		CITY-ST-ZIP		
TITLE	VPST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ROUSE, LISA		NAME		
STREET ADDRESS	2855 ANNISTON ROAD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32246		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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 REQUIRED Lisa Rouse — Date 1-27-03 — Daytime Phone # (904) 620-7233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR