

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90113 023 \*\*\*150.00

DOCUMENT # P98000028618

1. Corporation Name

B-SECURE INVESTIGATIONS & SECURITY SERVICES, INC



Principal Place of Business

Mailing Address

~~1049 PETAL COURT~~  
~~ORLANDO FL 32818~~

~~1049 PETAL COURT~~  
~~ORLANDO FL 32818~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1998

4. FEI Number

59-3518336

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 800 N. HIGHLAND AVE

26 P.O. Box 619227

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 105

27

City & State

City & State

23 ORLANDO, FL

28 ORLANDO, FLORIDA

Zip

Country

Zip

Country

24 32803

25 U.S.

29 32861-7227

30

U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBINSON, GLORIA J  
1320 SOUTH ORLANDO AVENUE  
SUITE 4  
WINTER PARK FL 32790

81 Name

RANDOLPH BRIGHT (BRIGHT & COMPANY, P.A.)

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

1516 E. HILLCREST STREET

83

Suite # 304

84 City

Orlando

FL

85 Zip Code

32803-4716

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D/P BRADLEY, JUNIUS JR.

STREET ADDRESS 1049 PETAL COURT

CITY-ST-ZIP ORLANDO FL 32818

TITLE ☐ DELETE

NAME D/V/T ATKINS-BRADLEY, VERNICE

STREET ADDRESS 1049 PETAL COURT

CITY-ST-ZIP ORLANDO FL 32818

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

JUNIUS BRADLEY, JR.

4/27/99

(407) 650-0580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0089222