


FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90122 017 ***150.00

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

DOCUMENT # P98000087679
 1. Entity Name
SECURITY OPERATIONS & SOLUTIONS, INC.



| | |
|---|---|
| Principal Place of Business 3815 NORTH US HWY 1 SUITE 67 COCOA, FL 32926 | Mailing Address 3815 NORTH US HWY 1 SUITE 67 COCOA, FL 32926 |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | | | |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 59-3539409 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
SCHARFENBERG, WILLIAM E
 1900 ROCKLEDGE BLVD STE 3
 ROCKLEDGE, FL 32965

Address change only

7. Name and Address of New Registered Agent
 Name *Scharfenberg, William E*
 Street Address (P.O. Box Number Is Not Acceptable)
3815 North US, Hwy 1, Suite 67
 City *Cocoa* FL Zip Code *32926*

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 *Calvin Clements* DATE *4-7-03*
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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SCHARFENBERG, WILLIAM E 944 PELICAN LANE ROCKLEDGE, FL 32965 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T REMENTER, CALVIN J 4635 CARYSBROOK CT COCOA, FL 32927 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 507, 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: *Calvin Clements* DATE: *4-7-03* DAYTIME PHONE #: *(321) 636-8011*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2034 (10/02)