

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094298

1. Entity Name  
EXECUTIVE SECURITY & INVESTIGATION SERVICES, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2001 JUN -8 PM 2: 24

Principal Place of Business Mailing Address  
3100 CHALFONT LANE  
TALLAHASSEE, FL 32303

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For  
59-3558694 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLINTON E. MCLEOD  
1353 East Lafayette Street, Ste B  
TALLAHASSEE, FL 32301

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.

SIGNATURE \_\_\_\_\_ (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**

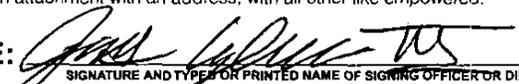
10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	Delete	TITLE	Change	Addition
JAMES GLENN 3100 CHALFONT LANE TALLAHASSEE, FL 32303		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	700004384127--2 -06/08/01--01003--029 ****150.00 ****150.00	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	LFT 6-8-2001	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

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

08 JUN 2001  
Date Daytime Phone #

CR2E034 (11/00)