

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90077 038 ***150.00

DOCUMENT # P99000018313

1. Entity Name
LITTLEJOHN SECURITY SERVICES, INC.

Principal Place of Business

Mailing Address

**318 INDIAN TRACE
 SUITE 300
 WESTON FL 33326**

**318 INDIAN TRACE
 SUITE 300
 WESTON FL 33326-2996**

OK

OK

818763



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

844 Hampton Court
 Suite, Apt. #, etc.

844 Hampton Court
 Suite, Apt. #, etc.

City & State
Weston, Florida
 Zip
33326
 Country
USA

City & State
Weston, Florida
 Zip
33326
 Country
USA

4. FEI Number

☒ 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

**FILINGS, INC.
 3732 N.W. 16TH STREET
 FT. LAUDERDALE FL 33311-4132**

Name
David E. Littlejohn
 Street Address (P.O. Box Number is Not Acceptable)
9100 NW 36th Street
 City
Miami FL Zip Code
33152

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 **David E. Littlejohn** **David E. Littlejohn** **3/2/00**
 Signature, typed or printed name of registered agent and if applicable. (NOTE: Registered Agent signature required when reinstalling) 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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D LITTLEJOHN, DAVID E 318 INDIAN TRACE WESTON FL 33326	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **David E. Littlejohn** **David E. Littlejohn** **3/2/00** **305/471-6495**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)