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## 2001 UNIFORM BUSINESS REPORT (ÜBR)

DOCUMENT # P9900018313  1. Entity Name LITTLEJOHN SECURITY SERVICES, INC.					Mar 01, 2001 8:00 ar Secretary of State 02-07-2001 90137 037 ***150.00			
Principal Place of Business 318 INDIAN TRACE SUITE 300 WESTON FL 33326		Mailing Address 318 INDIAN TRACE SUITE 300 WESTON FL 33326						
2. Principal P 9100 Suite, Apt.		3. Mailing Address 3/8 Zwd1	en Trac	e	DO NOT W	/RITE IN THIS SPACE		
City & State	e FL Country	PMB 300 City & State Weston	FL Country USA		FEI Number APPLIED 65-09860 Certificate of Status Desire	/2 > FO 75	Applied For Not Applicable	
9100	6. Name and Address of Current F (accling) EIGHN, DAVID E NW 36TH STREET II FL 33152	L33366 legistered Agent	Name Street A	David	<del></del>	w Registered Agent Jejohn able) able)	Court	
9. This corporate filling in (See critical	Signature, typed or printed name of registered agent and praction is eligible to satisfy its intangible requirement and elects to do so, intangible on back)	FILE NOW! After MAY 1, 20 Make Check Payab	:: Registered Agent signate !! FEE IS \$150. 01 Fee will be \$5 le to Departmen	ove required when r 00 550.00 1 of State .	einstating)  10. Election Campaign Trust Fund Contrib	DATE  Financing \$ ution.	55.00 May Be dded to Fees	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D LITTLEJOHN, DAVID E 318 INDIAN TRACE WESTON FL 33326	Defete	12.  TITLE NAME STREET ADDRESS CITY- ST-ZIP	P	obitions/changes to cooking the second secon	DEFICERS AND DIRECT  Chai  H 844 Hom  Westow, Fi	nga Addition 8	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Char	nge 🗆 Addition 🗟	
NAME STREET ADDRESS CITY-ST-ZIP		Delete .	NAME STREET ADDRESS CITY-ST-ZIP		-		nge — [ Addition -	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		•	☐ Chan	nge Addition	
TITLE - NAME - STREET ADDRESS - CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chan	nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deicte	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Chan	nge Addition	
indicated of the cor	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empoy or on an attachment with an address, with the control of the control	true and accurate and that m vered to execute this report :	ny signature shall h as required by Cha	ave the same tpter 607, Flori	legal effect as it made und ida Statules; and that my na	er oath; that I am an off ame appears in Block 1	it or Block 12 if	