

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90480 010 ***150.00

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DOCUMENT # P99000018928

1. Entity Name

EN GUARD SECURITY AND SERVICES INC.



Principal Place of Business
**14852 S. MILITARY TRAIL
DELRAY BEACH FL 33484**

Mailing Address
**14852 S. MILITARY TRAIL
DELRAY BEACH FL 33484**

11003491



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0893862

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALIXTE, FLORE
15810 GLEN WILLOW LANE
WELLINGTON FL 33414**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	JEAN-JOSEPH, LEXIMA	
STREET ADDRESS	15043 OAK CHASE CT	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	TS	<input type="checkbox"/> Delete
NAME	CALIXTE, FLORE	
STREET ADDRESS	15810 GLEN WILLOW LANE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	AA	<input type="checkbox"/> Delete
NAME	O'NEAL, WILLETIA	
STREET ADDRESS	15043 OAK CHASE CT	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 607, 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:

JEAN-JOSEPH LEXIMA **JEAN-JOSEPH LEXIMA** 4/17/03 561-638-8098
Date Daytime Phone #

CR2E034 (10/02)