

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90521 033 \*\*\*150.00

0030308 AV

**DOCUMENT # P99000076145**

1. Entity Name  
**UNIT ONE SECURITY, INC.**



Principal Place of Business  
**10621 MONACO DRIVE, #43**  
**JACKSONVILLE FL 32218**  
*254*  
**9951 Atlantic Blvd Ste**  
**Jacksonville, FL 32225**

Mailing Address  
**11412 HARTS ROAD**  
**JACKSONVILLE FL 32218**

**11018004**



2. Principal Place of Business  
**9951 Atlantic Blvd**

3. Mailing Address

Suite, Apt. #, etc.  
**254**

City & State  
**Jacksonville, FL**

Zip  
**32225**

Country  
**DUVAL**

4. FEI Number  
**59-3586859**

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

**REDMON, TOLLIE R**  
**11412 HARTS RD.**  
**JACKSONVILLE FL 32218**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PS**  
**REDMON, TOLLIE R**  
**10621 MONACO DRIVE, #43**  
**JACKSONVILLE FL 32218**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VT**  
**REDMON, SHARON G**  
**10621 MONACO DRIVE, #43**  
**JACKSONVILLE FL 32218**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**TIGGS, HERBERT C**  
**2603 VILLA CIRCLE**  
**NORFOLK VA 23504**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**TIGGS, SHAWN P**  
**2603 VILLA CIRCLE**  
**NORFOLK VA 23504**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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CITY-ST-ZIP  
☐ Change ☐ 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 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: TOLLIE R. REDMON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-24-03 (904) 855-4118**

Date Daytime Phone #

CR2E034 (10/02)