

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90088 029 ***158.75

DOCUMENT # P99000089006

1. Entity Name
 ORLANDO PROTECTIVE SERVICES, INC.

Principal Place of Business
 7803 N. ORANGE BLOSSOM TRL.
 #12
 ORLANDO FL 32810

Mailing Address
 PO BOX 608666
 ORLANDO FL 32860

2. Principal Place of Business
 600 S. Northlake Blvd.

3. Mailing Address

Suite, Apt. #, etc.
 Suite 185

Suite, Apt. #, etc.

City & State
 Altamonte Springs, Fl.

City & State

Zip
 32701

Country

Zip

Country

4. FEI Number
 59-3602543

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

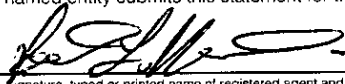
MARTIN, ROBERT L
 7803 N. ORANGE BLOSSOM TRL.
 #12
 ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 600 S. Northlake Blvd.
 Suite 185
 City Altamonte Springs FL Zip Code 32701

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



Robert L. Martin

3-28-02

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

(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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE
 NAME PTD
 STREET ADDRESS MARTIN, ROBERT L
 CITY-ST-ZIP 7803 N. ORANGE BLOSSOM TRL.
 ORLANDO FL 32810 ☐ Delete

TITLE
 NAME SD
 STREET ADDRESS MARTIN, MARCIA L
 CITY-ST-ZIP 7803 N. ORANGE BLOSSOM TRL.
 ORLANDO FL 32810 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME ☒ Change ☐ Addition
 STREET ADDRESS 600 S. Northlake Blvd. Ste.185
 CITY-ST-ZIP Altamonte Springs, Fl. 32701

TITLE
 NAME ☒ Change ☐ Addition
 STREET ADDRESS 600 S. Northlake Blvd. Ste.185
 CITY-ST-ZIP Altamonte Springs, Fl. 32701

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

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

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

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

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:

 ROBERT L. MARTIN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-02

Date

407-248-0500

Daytime Phone #

CR2E034 (9/01)