

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2003 8:00 am
Secretary of State

07-10-2003 90111 044 ***558.75

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DOCUMENT # P99000089006

1. Entity Name

ORLANDO PROTECTIVE SERVICES, INC.



Principal Place of Business

600 S. NORTHLAKE BLVD

STE 185

ALTAMONTE SPRINGS FL 32701

Mailing Address

PO BOX 608666

ORLANDO FL 32860

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Ste 175

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3602543

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

MARTIN, ROBERT L

600 S. NORTHLAKE BLVD

STE 185

ALTAMONTE SPRINGS FL 32701

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTD
MARTIN, ROBERT L
600 S. NORTHLAKE BLVD. STE 185
ALTAMONTE SPRINGS FL 32701

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
MARTIN, MARCIA L
600 S. NORTHLAKE BLVD. STE 185
ALTAMONTE SPRINGS FL 32701

☒ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☒ Change ☒ Addition

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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 8, 2003

Date

407-248-0500

Daytime Phone #

CR2E034 (4/03)