

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90339 001 \*\*\*400.00  
 05-05-2002 90339 002 \*\*\*\*\*8.75

**DOCUMENT # P99000108608**

**1. Entity Name**  
**LEE A. STEPHENS SECURITY, INC.**

**Principal Place of Business**  
**9805 WINSTON STREET**  
**JACKSONVILLE FL 32208**

**Mailing Address**  
**9805 WINSTON STREET**  
**JACKSONVILLE FL 32208**

**1550 Lane Ave**  
**2. Principal Place of Business**  
**6**

**9**  
**3. Mailing Address**  
**9805 WINSTON STREET**

**Suite, Apt. #, etc.**  
**JACKSONVILLE FL**  
**City & State**  
**32240**

**Suite, Apt. #, etc.**  
**JACKSONVILLE**  
**City & State**  
**JACKSONVILLE**

**Zip**  
**COUNTRY**  
**DAVAL**

**Zip**  
**COUNTRY**  
**32208 DAVAL**

**4. FEI Number**  
**59-3414993**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**STEPHENS, LEE A**  
**9805 WINSTON STREET**  
**JACKSONVILLE FL 32208**

**7. Name and Address of New Registered Agent**

**Name**  
**LEE A. STEPHENS**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**9805 WINSTON STREET**  
**City** **JACKSONVILLE** **FL** **Zip Code** **32208**

**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** L. A. Stephens **President** L. A. Stephens **4-19-02**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) 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 Added to Fees**

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>STEPHENS, LEE A</b> <b>9805 WINSTON STREET</b> <b>JACKSONVILLE FL 32208</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>EVST</b> <b>STEPHENS, VALERIA T</b> <b>9805 WINSTON STREET</b> <b>JACKSONVILLE FL 32208</b>	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VICE PRESIDENT</b> <b>WOODS - OUTLAW DOROTHY</b> <b>4677 NASSAU DR</b> <b>JACKSONVILLE FL 32257</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SECRETARY</b> <b>TUCKER LATESS</b> <b>5620 COLLIN RD # 817</b> <b>JACKSONVILLE FL 32244</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VICE PRESIDENT</b> <b>WOODS - OUTLAW DOROTHY</b> <b>4677 NASSAU DR</b> <b>JACKSONVILLE FL 32257</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SECRETARY/TREASURER</b> <b>TUCKER LATESS</b> <b>5620 COLLIN RD # 817</b> <b>JACKSONVILLE FL 32244</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DIRECTOR BUSINESS OPERATION/CO CHAIRMAN</b> <b>STEPHENS, VALERIA T.</b> <b>9805 WINSTON STREET</b> <b>JACKSONVILLE FL 32208</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VICE PRESIDENT OF SECURITY OPERATION</b> <b>MCGAHER JIM L</b> <b>8526 ADDISON RD</b> <b>JACKSONVILLE FL 32208</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>C.E.O. CHIEF EXECUTIVE OFFICER</b> <b>MILLER DON E.</b> <b>2012 CITRA AVE</b> <b>JACKSONVILLE FL 32210</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VICE PRESIDENT OF MARKETING</b> <b>MINDLETON GINA M.</b> <b>JACKSONVILLE FL 32244</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

**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:** L. A. Stephens **LEE A STEPHENS PRESIDENT** **(904) 275-3014**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)