

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S05072

1. Entity Name
MOTIVATED SECURITY SERVICES, INC.

Principal Place of Business
1700 UPLAND ROAD
WEST PALM BEACH FL 33409
US

Mailing Address
1700 UPLAND ROAD
WEST PALM BEACH FL 33409
US

2. Principal Place of Business

3. Mailing Address

27 WARREN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SOMERVILLE NJ

Zip

Country

Zip

Country

08876

USA

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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.

SIGNATURE  Brian Courtney
as its agent

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11-20-01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> Delete
NAME	KAVANAUGH, KATHLEEN M	
STREET ADDRESS	27 WARREN ST	
CITY-ST-ZIP	SOMERVILLE NJ 08876	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	KAVANAUGH III, DANIEL E	
STREET ADDRESS	27 WARREN ST	
CITY-ST-ZIP	SOMERVILLE NJ 08876	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	LEAHY, GERARD E	
STREET ADDRESS	19502 TRAILS END TERR	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COBEN, DONALD A	
STREET ADDRESS	6057 TERRAMERE CIR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	CHIEF FINANCIAL OFFICER	<input type="checkbox"/> Delete
NAME	DAVID SCHEPZ	
STREET ADDRESS	27 WARREN STREET	
CITY-ST-ZIP	SOMERVILLE NJ 08876	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CHIEF FINANCIAL OFFICER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID SCHEPZ	
STREET ADDRESS	27 WARREN STREET	
CITY-ST-ZIP	SOMERVILLE NJ 08876	
TITLE	CHIEF FINANCIAL OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTHONY A. LAPOLLA	
STREET ADDRESS	27 WARREN STREET	
CITY-ST-ZIP	SOMERVILLE NJ 08876	
TITLE	Daniel Roose	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP-operations	
STREET ADDRESS	1700 UPLAND ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 130.07(1)(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 lines empowered.

SIGNATURE:  DANIEL KAVANAUGH
9/24/01 904-521-1140
Date Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 21 PM 1:22



REINSTATEMENT

0072906 AV

CR2E034 (5/01)