

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91002 001 ***300.00

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DOCUMENT # S17057

1. Entity Name
CORPORATE SECURITY MANAGEMENT, INC.



Principal Place of Business
**926 GREAT POND DR.
STE 1004
ALTAMONTE SPRINGS FL 32714
US**

Mailing Address
**35624 KINGS LANE
EUSTIS FL 32726
US**



2. Principal Place of Business
**1060 MAITLAND CENTER Commons Blvd.
Suite, Apt. #, etc.
Suite 350**

3. Mailing Address
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
MAITLAND, FL

City & State

4. FEI Number **59-3038932**

Applied For
Not Applicable

Zip
32751

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEWART, KAREN
35624 KINGS LANE
EUSTIS FL 32726**

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 \$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 **C** ☐ Delete
NAME **STEWART, KAREN A**
STREET ADDRESS **35624 KINGS LANE**
CITY-ST-ZIP **EUSTIS FL 32726**

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

TITLE **DPCE** ☐ Delete
NAME **MARTINEZ, FELIX R**
STREET ADDRESS **1742 SWEATWATER WEST CIRCLE**
CITY-ST-ZIP **APOPKA FL 32712**

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

TITLE **D** ☐ Delete
NAME **DELAURA, STEPHANIE P**
STREET ADDRESS **1115 CHEDON COURT**
CITY-ST-ZIP **APOPKA FL 32712**

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

TITLE **D** ☐ Delete
NAME **PFEIFFER, BEVERLY**
STREET ADDRESS **214 COTTESMORE CIRCLE**
CITY-ST-ZIP **LONGWOOD FL**

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

TITLE **DT** ☐ Delete
NAME **WISHON, REGINA**
STREET ADDRESS **1935 CENTER DR**
CITY-ST-ZIP **CASSELBERRY FL 32707**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Regina Wishon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03 *407-682-4000 x 105*
Date Daytime Phone #

CR2E034 (10/02)