

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State
 03-27-2002 90020 019 ***158.75

DOCUMENT # S71683

1. Entity Name
SOUTHERN PROTECTIVE SYSTEMS, INC.

Principal Place of Business Mailing Address
3221-A W. HWY 390 **3221-A W. HWY 390**
PANAMA CITY FL 32405 **PANAMA CITY FL 32405**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **59-3079697** Applied For
 Not Applicable

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

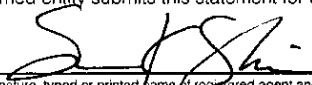
6. Name and Address of Current Registered Agent

SHIPP, SUSAN K
211 S. COVE TERRACE DRIVE
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name
SHIPP, SUSAN K.
 Street Address (P.O. Box Number is Not Acceptable)
7741 KINGSWOOD RD.
 City State Zip Code
SOUTHPORT FL 32409

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  **3/18/02**
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 **P** ☐ Delete
 NAME **SHIPP, SUSAN K**
 STREET ADDRESS **211 S. COVE TERRACE DRIVE**
 CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE **VP** ☐ Delete
 NAME **SHIPP, KENNETH W**
 STREET ADDRESS **211 S. COVE TERRACE DRIVE**
 CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES** ☒ Change ☐ Addition
 NAME **SHIPP, SUSAN K.**
 STREET ADDRESS **7741 KINGSWOOD RD.**
 CITY-ST-ZIP **SOUTHPORT, FL 32409**

TITLE **VP** ☒ Change ☐ Addition
 NAME **SHIPP, KENNETH W.**
 STREET ADDRESS **7741 KINGSWOOD RD.**
 CITY-ST-ZIP **SOUTHPORT, FL 32409**

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:  **SUSAN K. SHIPP, PRES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02 850-785-5368

Date Daytime Phone #

CR2E034 (9/01)