

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90022 042 ***158.75

DOCUMENT # V03216

1. Entity Name

D.J.P. SECURITY SYSTEMS, INC.



DO NOT WRITE IN THIS SPACE

94025209

2. Principal Place of Business
4801 NW GAINESVILLE RD

3. Mailing Address
4801 NW Gainesville Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
OCALA, FL

City & State
OCALA, FL

4. FEI Number
59-2994066

Applied For
Not Applicable

Zip
34475

Country
USA

Zip
34475

Country
USA

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Phillip L. Greene

Street Address (P.O. Box Number is Not Acceptable)
4274 NE 20th Ave.

City
Ocala

FL

Zip Code
34479

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]

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

(NOTE: Registered Agent signature required when reinstating)

3/3/04

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	P PHILLIP L. GREENE 4274 NE 20th AVE OCALA, FL 34479	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GERALD M. GLOVER 4053 NE 18th TERR. OCALA, FL 34479	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D GARRY K. ILLGES 3510 SW 5th CT. OCALA, FL 34474	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLES S. HUTTO RT. 3 BOX 372F CHIEFLAND, FL 32626	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHARON G. JONES 20 NE 50th AVE. OCALA, FL 34470	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

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

Date

Daytime Phone #

CR2E034B (12/02)