

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0030362 AV

DOCUMENT # **V44660**

1. Entity Name

P.D.R. INVESTIGATIONS & SECURITY SERVICES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 SEP 10 PM 12:17

Principal Place of Business

**1113 17TH STREET
KEY WEST FL 33040
US**

Mailing Address

**1113 17TH STREET
KEY WEST FL 33040
US**

2. Principal Place of Business

7-A 12th Ave

3. Mailing Address

7-A 12th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key West FL

City & State

Key West FL

Zip

33040

Country

USA

Zip

33040

Country

USA

4. FEI Number

65-0344364

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KNIGHTS, EVA L

**1107 KEY PLAZA, SUITE 285
KEY WEST FL 33040**

7. Name and Address of New Registered Agent

Name **Kathryn Fojtik Wickware**

Street Address (P.O. Box Number is Not Acceptable)

7-A 12th Ave

City

Key West FL 33040

Zip Code

33040

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 **K. Wickware**

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

(NOTE: Registered Agent signature required when reinstating)

8/25/03

DATE

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BARISH, B. JULI	
STREET ADDRESS	H-18 MIRIAM STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KNIGHTS, EVA L	
STREET ADDRESS	1107 KEY PLAZA, SUITE 285	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	PRES / V. PRES / SECTY / TREAS / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathryn Fojtik Wickware	
STREET ADDRESS	7-A 12th Ave	
CITY-ST-ZIP	Key West FL 33040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

K. Wickware

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/25/03

Date

305 797 2111

Daytime Phone #

CR2E034 (4/03)