

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90194 013 ***150.00

DOCUMENT # P00000052654
1. Entity Name
CENTURY SECURITY MANAGEMENT CORPORATION

Principal Place of Business
 7131 GRAND NATIONAL DRIVE
 SUITE 103
 ORLANDO FL 32819
 US

Mailing Address
 7131 GRAND NATIONAL DRIVE
 SUITE 103
 ORLANDO FL 32819
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 7131 GRAND NATIONAL DR.
 Suite, Apt. #, etc.
 SUITE 103

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 ORLANDO, FL
 Zip
 32819
 Country
 ORANGE

4. FEI Number 59-3657449
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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 _____
 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 Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

| | | |
|---|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RIEDY, BLAIR 7131 GRAND NATIONAL DR SUITE 103 ORLANDO FL 32819 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MEAULER, MEL 7131 GRAND NATIONAL DR SUITE 103 ORLANDO FL 32819 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | COO CALLIGHAN, BILL 7131 GRAND NATIONAL DR SUITE 103 ORLANDO FL 32819 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *William M. Callaghan* **10 JAN 2002** **505 783-4503**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)