

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-21-2003 90081 038 ***150.00

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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**



2. Principal Place of Business

3. Mailing Address

9521 So Orange Blossom Trl 9521 So Orange Blossom Trl

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 105

Suite 105

☐ CHECK HERE IF MAKING CHANGES

City & State
ORLANDO FL ORLANDO FL

4. FEI Number **59-3657449**

Applied For
Not Applicable

Zip Country
32837 ORANGE 32837 ORANGE

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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	P	<input checked="" type="checkbox"/> Delete
NAME	RIEDY, BLAIR	
STREET ADDRESS	7131 GRAND NATIONAL DR SUITE 103	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	T	<input type="checkbox"/> Delete
NAME	MEAUER, MEL	
STREET ADDRESS	7131 GRAND NATIONAL DR SUITE 103	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	600 - PRESIDENT	<input type="checkbox"/> Delete
NAME	CALLIGHAN, BILL	
STREET ADDRESS	7131 GRAND NATIONAL DR SUITE 103	
CITY-ST-ZIP	ORLANDO FL 32819	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUELLER, MEL	
STREET ADDRESS	9521 So Orange Blossom Trail	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Callaghan, Bill	
STREET ADDRESS	9521 So. Orange Blossom Trail	
CITY-ST-ZIP	ORLANDO FL 32837	
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: **Michael Mueller**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

407-326-1168

CR2E034 (10/02)