


FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90122 017 ***150.00

**2003 FOR PROFIT CORPORATION,
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000087679
 1. Entity Name
SECURITY OPERATIONS & SOLUTIONS, INC.



Principal Place of Business Mailing Address
 3815 NORTH US HWY 1 3815 NORTH US HWY 1
 SUITE 67 SUITE 67
 COCOA, FL 32926 COCOA, FL 32926

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

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
 SCHARFENBERG, WILLIAM E
 1900 ROCKLEDGE BLVD STE 3
 ROCKLEDGE, FL 32965
Address change only

7. Name and Address of New Registered Agent
 Name *Scharfenberg, William E*
 Street Address (P.O. Box Number Is Not Acceptable)
3815 North US, Hwy 1, Suite 67
 City *Cocoa* FL Zip Code *32926*

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 *Calvin Rementer* DATE *4-7-03*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SCHARFENBERG, WILLIAM E | |
| STREET ADDRESS | 944 PELICAN LANE | |
| CITY-ST-ZIP | ROCKLEDGE, FL 32966 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | REMENTER, CALVIN J | |
| STREET ADDRESS | 4635 CARYSBROOK CT | |
| CITY-ST-ZIP | COCOA, FL 32927 | |
| 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 IN 11

| | | |
|----------------|--|---|
| 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 507, 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: *Calvin Rementer* DATE: *4-7-03* DAYTIME PHONE #: *(321) 636-8011*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CH2EC34 (10/02)