

FILED
Jun 16, 2003 8:00 am
Secretary of State

06-16-2003 90142 047 ***550.00

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

DOCUMENT # P02000071629

1. Entity Name
SECURITY OFFICER ACADEMY, INC.



Principal Place of Business
 9521 S ORANGE BLOSSOM TRAIL SUITE 105
 ORLANDO, FL 32837

Mailing Address
 9521 S ORANGE BLOSSOM TRAIL SUITE 105
 ORLANDO, FL 32837



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
9521 So Orange Blossom Trail
 Suite, Apt. #, etc. *SUITE 105*
 City & State *Orlando FL*
 Zip *32837* Country *ORANGE*

3. Mailing Address
SAME
 Suite, Apt. #, etc. *SUITE 105*
 State *FL*
 Zip *32837* Country *ORANGE*

4. FEI Number
90-0644816
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent:

**ROBERTS, SEAN J
 GREENBERG TRAUIG PA
 460 SOUTH ORANGE AVENUE
 ORLANDO, FL 32801**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining)

**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	<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	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>President Callaghan, Bill</i>
STREET ADDRESS	<i>9521 So. Orange Blossom Trail</i>
CITY-ST-ZIP	<i>Orlando FL 32837</i>
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	

CR2EG34 (10/02)

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 empowerments.

SIGNATURE: *William M. Callaghan* *20 May 2003* *407-226-1168*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #