#### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered. 01/27/2022

CEO

#### SIGNATURE: GERALD MONTGOMERY

Electronic Signature of Signing Officer/Director Detail

# Entity Name: EAST COAST PROTECTIVE SERVICES INCORPORATED

### **Current Principal Place of Business:**

5734 SOUTH SEMORAN BLVD ORLANDO, FL 32822

## **Current Mailing Address:**

5734 SOUTH SEMORAN BLVD ORLANDO, FL 32822 US

## FEI Number: 27-1771614

# Name and Address of Current Registered Agent:

SOUTHEAST PROTECTION SERVICES INC 5734 SOUTH SEMORAN BLVD ORLANDO, FL 32822 US

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: GERALD V MONTGOMERY

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

Title	C
Name	MONTGOMERY, GERALD V
Address	2045 BLACK LAKE BLVD
City-State-Zip:	WINTER GARDEN FL 34787

Certificate of Status Desired: Yes

01/27/2022 Date

Date