

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90318 009 ***158.75

DOCUMENT # K39009

1. Entity Name
ARMER PROTECTION, INC.

Principal Place of Business Mailing Address
#12 **P.O. BOX 50108**
2195 N ANDREWS AVE EXT EXT **LIGHTHOUSE POINT FL 33074-108**
POMPANO BEACH FL 33069 **US**
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0079738** Applied For
 Not Applicable

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

ARMEROS, STEVE J.
2814 NE 27TH AVE
LIGHTHOUSE PONT FL 33064

Name **ARMEROS, STEVE J**
 Street Address (P.O. Box Number is Not Acceptable)
2195 N ANDREWS AVE EXT, #12
 City **POMPANO BEACH** **FL** Zip Code **33069**

(ADDRESS CHG. ONLY)

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	ARMEROS, STEVE J.
STREET ADDRESS	2195 N ANDREWS AVE EXT
CITY-ST-ZIP	POMPANO BEACH FL 33069
TITLE	D <input type="checkbox"/> Delete
NAME	ARMEROS, BONNIE
STREET ADDRESS	2195 N ANDREWS AVE EXT
CITY-ST-ZIP	POMPANO BEACH FL 33069
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Bonnie Armeros* **BONNIE ARMEROS** 1-23-01 979-8991
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)