

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State
 02-14-2000 90173 006 ****61.25

DOCUMENT # N94000005305

1. Entity Name
RIO VISTA SECURITY, INC.

Principal Place of Business 2190 SE 17TH ST STE 211 FT LAUDERDALE FL 33316 US	Mailing Address 2190 SE 17TH ST STE 211 FT LAUDERDALE FL 33316-2105 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1702 CORDOVA ROAD #2 Suite, Apt. #, etc. SUITE 2 City & State FT. LAUDERDALE, FL	3. Mailing Address 1702 CORDOVA ROAD #2 Suite, Apt. #, etc. SUITE 2 City & State FT. LAUDERDALE, FL
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4. FEI Number 65-0531611	Applied For <input type="checkbox"/> Not Applicable
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Zip 33316	Country USA	Zip 33316	Country USA
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 RUPP, WILLIAM R
 2190 SE. 17TH ST
 STE 211
 FT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent
 Name
 WILLIAM R. RUPP
 Street Address (P.O. Box Number is Not Acceptable)
 1702 CORDOVA ROAD, STE. 2
 City
 FT. LAUDERDALE FL Zip Code
 33316

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

**FILE NOW:
 FEE IS \$61.25**

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CONRAD, EDWARD C 1700 S.E. 9TH ST. FORT LAUDERDALE FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KOHL, ABE 1787 S.E. 9TH ST. FORT LAUDERDALE FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete RUPP, WILLIAM R 2190 SE 17TH ST STE 211 FT LAUDERDALE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1702 CORDOVA ROAD #2 FT. LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: **SIGNATURE REQUIRED** Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE037 (9/99)