

2001 UNIFORM BUSINESS REPORT (UBR)

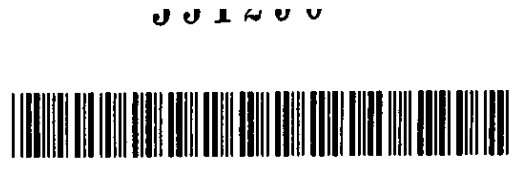
FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90009 011 ****61.25

DOCUMENT # N94000005305

1. Entity Name
RIO VISTA SECURITY, INC.

Principal Place of Business Mailing Address
1702 CORDOVA RD # 2 **1702 CORDOVA RD # 2**
STE 2 **STE 2**
FT LAUDERDALE FL 33316 **FT LAUDERDALE FL 33316**
US **US**



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 Applied For
65-0531611 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RUPP, WILLIAM R
1702 CORDOVA RD STE 2
FT LAUDERDALE FL 33316

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.

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 checked="" type="checkbox"/> Delete CONRAD, EDWARD C 1700 S.E. 9TH ST. FORT LAUDERDALE FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete KOHL, ABE 1787 S.E. 9TH ST. FORT LAUDERDALE FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" 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	P D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JON KRUPNICK 1601 S.E. 7th STREET FT. LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RAY WILLIAMS 715 CORDOVA ROAD FT. LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SUSAN FARMER 1702 S.E. 7th STREET FT. LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JAMES BERGER 1409 PONCE DE LEON DR. 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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **JON E. KRUPNICK**

CR2E037 (10/00)