

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90045 010 \*\*\*150.00

DOCUMENT # P40046

1. Entity Name

**SENTINEL SECURITY PLANS, INC.**

**C0091833**

Principal Place of Business

Mailing Address

1929 ALLEN PARKWAY  
 9TH FLOOR DEPT 2934  
 HOUSTON TX 77019

1929 ALLEN PARKWAY  
 9TH FLOOR DEPT 2934  
 HOUSTON TX 77019-2507



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**62-1264104**

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

**THE PRENTICE-HALL CORPORATION SYSTEM INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

| 11. OFFICERS AND DIRECTORS                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>GRIFFITH, KEN R.</b><br><b>1929 ALLEN PKWY DPT 2934 9TH FL</b><br><b>HOUSTON TX 77019</b> <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>PD</b><br><b>MARCH, KENNETH A</b><br><b>1929 ALLEN PKWY</b><br><b>HOUSTON TX 77019</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>SPARACIO, ROBERT D</b><br><b>1929 ALLEN PKWY DPT 2934 9TH FL</b><br><b>HOUSTON TX 77019</b> <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>V</b><br><b>ALLEN, FRANCES E</b><br><b>1929 ALLEN PKWY</b><br><b>HOUSTON TX 77019</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>DINEFF, SUZANNE</b><br><b>1929 ALLEN PARKWAY</b><br><b>HOUSTON TX 77019</b> <input type="checkbox"/> Delete                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>S</b><br><b>DINEFF, SUZANNE</b><br><b>1929 ALLEN PARKWAY</b><br><b>HOUSTON TX 77019</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>LOHMAN, JOHN H. J</b><br><b>1929 ALLEN PARKWAY</b><br><b>HOUSTON TX</b> <input checked="" type="checkbox"/> Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>T</b><br><b>KULP, TODD C</b><br><b>1929 ALLEN PKWY</b><br><b>HOUSTON TX 77019</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD</b><br><b>STEINEKER, JOHN E</b><br><b>DPT 2934 9TH FL 1929 ALLEN PKWY</b><br><b>HOUSTON TX 77019</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>VD</b><br><b>MURPHY, DANIEL J</b><br><b>1929 ALLEN PKWY</b><br><b>HOUSTON TX 77019</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD</b><br><b>JONES, FRANK C</b><br><b>DEPT 2934 9TH FLOOR 1929 ALLEN PARKWAY</b><br><b>HOUSTON TX 77019</b> <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>VD</b><br><b>JONES, FRANK C</b><br><b>DEPT 2934 9TH FLOOR 1929 ALLEN PARKWAY</b><br><b>HOUSTON TX 77019</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 employees.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**C. TODD KULP** 4/27/00 713/522-5141

Date

Daytime Phone #

CR2E034 (9/99)