

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90204 014 ***150.00

0087128

DOCUMENT # **S27692**

1. Entity Name
SECURITY SCREENS OF FT. MYERS, INC.

Principal Place of Business Mailing Address
~~5636 YOUNGQUIST ROAD~~ **6901 ST. EDMUNDS LOOP**
~~SUITE 2~~ **FT. MYERS FL 33912**
FORT MYERS FL 33912

2. Principal Place of Business 3. Mailing Address
5240 Halifax AVE #2
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Fort Myers FL
 Zip Country Zip Country
33912



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0247179** 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

JORESKI, MARIE
6901 ST. EDMUNDS LOOP
FORT MYERS FL 33912

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)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD JORESKI, MARIE 6901 ST. EDMUNDS LOOP FORT MYERS FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 checked, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Marie Joreski**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-26-01** Daytime Phone # **941-482-5440**

CR2E034 (10/00)