

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 500931

1. Entity Name

NYCO SECURITY SERVICES, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90076 023 \*\*\*150.00

|                                                                                                     |                                                                                         |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Principal Place of Business<br>215 E. OLIVE RD..STE. 3<br>P.O. BOX 15046<br>PENSACOLA FL 32514-7046 | Mailing Address<br>215 E. OLIVE RD..STE. 3<br>P.O. BOX 15046<br>PENSACOLA FL 32514-0046 |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|

|                                |                    |
|--------------------------------|--------------------|
| 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<br><b>59-1724509</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

NYE, CHARLES H.  
215 E. OLIVE ROAD  
P.O. BOX 15046  
PENSACOLA FL 32514

|                                                    |
|----------------------------------------------------|
| 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 \_\_\_\_\_ (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 |  |                                 |                                   |
|----------------------------|---------------------|---------------------------------|--|-------------------------------------------------------|--|---------------------------------|-----------------------------------|
| TITLE                      | PD                  | <input type="checkbox"/> Delete |  | TITLE                                                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | NYE, CHARLES H.     |                                 |  | NAME                                                  |  |                                 |                                   |
| STREET ADDRESS             | 4261 REYNOSA DRIVE  |                                 |  | STREET ADDRESS                                        |  |                                 |                                   |
| CITY-ST-ZIP                | PENSACOLA FL        |                                 |  | CITY-ST-ZIP                                           |  |                                 |                                   |
| TITLE                      | S                   | <input type="checkbox"/> Delete |  | TITLE                                                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | NYE, REBECCA T.     |                                 |  | NAME                                                  |  |                                 |                                   |
| STREET ADDRESS             | 4261 REYNOSA DRIVE  |                                 |  | STREET ADDRESS                                        |  |                                 |                                   |
| CITY-ST-ZIP                | PENSACOLA FL        |                                 |  | CITY-ST-ZIP                                           |  |                                 |                                   |
| TITLE                      | V                   | <input type="checkbox"/> Delete |  | TITLE                                                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | PENA, BRENDA N      |                                 |  | NAME                                                  |  |                                 |                                   |
| STREET ADDRESS             | 4261 REYNOSA DR     |                                 |  | STREET ADDRESS                                        |  |                                 |                                   |
| CITY-ST-ZIP                | PENSACOLA FL        |                                 |  | CITY-ST-ZIP                                           |  |                                 |                                   |
| TITLE                      | V                   | <input type="checkbox"/> Delete |  | TITLE                                                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | NYE, CHARLES T      |                                 |  | NAME                                                  |  |                                 |                                   |
| STREET ADDRESS             | 4555 BALMORAL DRIVE |                                 |  | STREET ADDRESS                                        |  |                                 |                                   |
| CITY-ST-ZIP                | PENSACOLA FL        |                                 |  | CITY-ST-ZIP                                           |  |                                 |                                   |
| TITLE                      |                     | <input type="checkbox"/> Delete |  | TITLE                                                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                     |                                 |  | NAME                                                  |  |                                 |                                   |
| STREET ADDRESS             |                     |                                 |  | STREET ADDRESS                                        |  |                                 |                                   |
| CITY-ST-ZIP                |                     |                                 |  | CITY-ST-ZIP                                           |  |                                 |                                   |
| TITLE                      |                     | <input type="checkbox"/> Delete |  | TITLE                                                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                     |                                 |  | NAME                                                  |  |                                 |                                   |
| STREET ADDRESS             |                     |                                 |  | STREET ADDRESS                                        |  |                                 |                                   |
| CITY-ST-ZIP                |                     |                                 |  | 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2000

Date

850-478-6160

Daytime Phone #

CR2E034 (9/99)