

2000 UNIFORM BUSINESS REPORT (UBR)

5/2000 UNIFORM BUSINESS REPORT

DOCUMENT # N99000004238

1. Entity Name:
SEMINOLE COUNTYWATCH, INC.

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-30-2000 90082 027 ****61.25

Principal Place of Business 1917 BLOSSOM LANE MAITLAND FL 32751-3538	Mailing Address 1917 BLOSSOM LANE MAITLAND FL 32751-3538
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3634570	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ELAM, DOUGLAS
1917 BLOSSOM LANE
MAITLAND FL 32751-3538

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: DAVID MCCOY (Signature, typed or printed name of registered agent and title if applicable.)
 _____ (NOTE Registered Agent signature required when reinstating)
 DATE: 4-17-00

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ELAM, DOUGLAS 1917 BLOSSOM LANE MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MALOY, HUGH 1950 BROOKS LANE OVEIDO FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PATTEN, TERRY 845 BENCHWOOD COURT WINTER SPRINGS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SWEETING, LURLENE 400 PINE AVENUE SANFORD FL 32771	<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	TD DAVID MCCOY 1903 BROOKS LA OVEIDO, FL 32765	<input checked="" 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
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: DAVID MCCOY (Signature and typed or printed name of signing officer or director)

 DATE: 4/17/00

CR2E037 (9/99)