

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90320 046 ***150.00

0341570

DOCUMENT # 123500

1. Entity Name
VOLUNTEER SECURITY COMPANY INC

Principal Place of Business
**804 SOUTH EDISON AVENUE
 TAMPA FL 33606**

Mailing Address
**804 SOUTH EDISON AVENUE
 TAMPA FL 33606**

00042688



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 **59-6068696**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**FRAZIER, EDWARD H.
 804 SOUTH EDISON AVENUE
 TAMPA FL 33606**

Name **ALAN N FRAZIER**
 Street Address (P.O. Box Number is Not Acceptable)
804 S. EDISON AVE
 City **TAMPA** FL Zip Code **33606**

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 *Alan N Frazier* **VP** **4/24/2001**
 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, 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	PD	<input checked="" type="checkbox"/> Delete
NAME	FRAZIER, EDWARD H.	
STREET ADDRESS	804 SOUTH EDISON AVENUE	DECEASED
CITY-ST-ZIP	TAMPA FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	FRAZIER, EDWARD	
STREET ADDRESS	804 S EDISON AVENUE	DECEASED
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FRAAZIER, ALAN	
STREET ADDRESS	804 S EDISON AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ALAN N FRAZIER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALAN N FRAZIER	
STREET ADDRESS	804 S. EDISON AVE	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	ALAN N. FRAZIER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALAN N. FRAZIER	
STREET ADDRESS	TO	
CITY-ST-ZIP	PRESIDENT, SECRETARY TREAS	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Alan N Frazier* **VP** **4/24/2001** **(813) 962-0390**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #.

CR2E034 (10/00)