

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 215 E. OLIVE RD..STE. 3 P.O. BOX 15046 PENSACOLA FL 32514-7046	Mailing Address 215 E. OLIVE RD..STE. 3 P.O. BOX 15046 PENSACOLA FL 32514-0046
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-1724509	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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)