

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 519172

1. Entity Name

MICHAEL SAUNDERS SECURITY CORP.

Principal Place of Business

1801 MAIN ST.  
SARASOTA FL 34236

Mailing Address

1801 MAIN ST.  
SARASOTA FL 34236

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 59-1706377

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

REES, PAULA  
1801 MAIN STREET  
SARASOTA FL 34236

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

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	DVS	<input type="checkbox"/> Delete
NAME	SAUNDERS, MICHAEL	
STREET ADDRESS	1801 MAIN ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	EISEMAN, SAUL	
STREET ADDRESS	1801 MAIN ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURKS, RON	
STREET ADDRESS	1801 MAIN ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	REES, PAULA	
STREET ADDRESS	1801 MAIN ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAUNDERS, DRAYTON	
STREET ADDRESS	1801 MAIN ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 09, 2001 8:00 am  
Secretary of State

04-09-2001 90046 050 \*\*\*150.00

00043001



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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