

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 589950

1. Entity Name

TARGET INVESTIGATION & SECURITY, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90112 021 \*\*\*158.75

Principal Place of Business

Mailing Address

399 GROVE ISLE CIRCLE  
VERO BEACH FL 32962

399 GROVE ISLE CIRCLE  
VERO BEACH FL 32962-8525

00001000



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 59-1892621

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

DOMONKOS, JOHN  
399 GROVE ISLE CIRCLE  
VERO BEACH FL 32962

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, 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 P  
NAME DOMONKOS, JOHN  
STREET ADDRESS 399 GROVE ISLE CIR  
CITY-ST-ZIP VERO BEACH FL  
TITLE ST  
NAME DOMONKOS, ELIZABETH  
STREET ADDRESS 399 GROVE ISLE CIR  
CITY-ST-ZIP VERO BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME SAMBORA, ROBERT A  
STREET ADDRESS 399 GROVE ISLE CIR  
CITY-ST-ZIP VERO BCH FL

TITLE  
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CITY-ST-ZIP

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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

JOHN DOMONKOS

Date

Daytime Phone #

Feb 19/2000 778-5110

CR2E034 (9/99)