

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 28, 2001 08:00 AM
Secretary of State

DOCUMENT # 589950

1. Entity Name
TARGET INVESTIGATION & SECURITY, INC.

Principal Place of Business
399 GROVE ISLE CIRCLE
VERO BEACH FL 32962

Mailing Address
399 GROVE ISLE CIRCLE
VERO BEACH FL 32962

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1892621

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOMONKOS, JOHN
399 GROVE ISLE CIRCLE
VERO BEACH FL 32962

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 JOHN DOMONKOS

01/28/2001

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	Delete
	D	SAMBORA ROBERT A	399 GROVE ISLE CIR	VERO BCH	☐
	ST	DOMONKOS, ELIZABETH	399 GROVE ISLE CIR	VERO BEACH	☐
	P	DOMONKOS, JOHN	399 GROVE ISLE CIR	VERO BEACH	☐
					☐
					☐
					☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	Change	Addition
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐

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: John Domonkos

Pres

01/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)