

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90003 042 ****61.25

DOCUMENT # 743116

1. Entity Name

BEVERLY HILLS SURVEILLANCE UNIT, INC.



Principal Place of Business

1 CIVIC CIRCLE
BEVERLY HILLS FL 34465
US

Mailing Address

1 CIVIC CIRCLE
BEVERLY HILLS FL 34465
US

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

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VOLLMER, ANTHONY D
4124 N DAVIS ST
BEVERLY HILLS FL 34465

7. Name and Address of New Registered Agent

Name **Lois M. Johnston**

Street Address (P.O. Box Number is Not Acceptable)

28 So. Adams Street

City

Bev. Hills

FL

Zip Code

34465

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Lois M. Johnston

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Jan 4 - 2004

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **T** ☒ Delete
NAME **VOLLMER, ANTHONY D**
STREET ADDRESS **4124 N DAVIS ST**
CITY-ST-ZIP **BEVERLY HILLS FL 34465-3290**

TITLE **D** ☐ Delete
NAME **WRIGHT, LOIS**
STREET ADDRESS **106 S COLUMBUS ST**
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE **S** ☒ Delete
NAME **HUSTON, ARLENE**
STREET ADDRESS **3953 N SPANISH MOSS**
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE **D** ☒ Delete
NAME **GOELET, LEN**
STREET ADDRESS **715 W STAR JASMINE PLACE**
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE **D** ☐ Delete
NAME **ROSALES, RAUL**
STREET ADDRESS **3889 N. BLAZING STARWAY**
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **FINANCE OFFICER** ☒ Change ☐ Addition
NAME **Lois M. Johnston**
STREET ADDRESS **28 So. Adams St.**
CITY-ST-ZIP **Bev-Hills FL 34465**

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

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lois M. Johnston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lois M. Johnston
Date

Jan 30 - 04 352-587-8697
Daytime Phone #