

DOCUMENT # 748183

1. Entity Name

EMBASSY HILLS SECURITY PATROL, INC.

Principal Place of Business

Mailing Address

9509 PALM AVENUE
PORT RICHEY FL 346689509 PALM AVENUE
PORT RICHEY FL 34668-4647

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

59-1931586

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEARS, CARL T
8810 LIDO LANE
PORT RICHEY FL 34668

Name RONALD K. NUCE

Street Address (P.O. Box Number is Not Acceptable)
9040 SHALLOWFORD LN.

City PORT RICHEY, FL Zip Code 34668

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

Ronald K. Nuce, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/2000

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | DOBERSTYN, RUTH | |
| STREET ADDRESS | 7315 EMBASSY BLVD | |
| CITY-ST-ZIP | PORT RICHEY FL 34668 | |

| | | |
|----------------|-----------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NUCE, RONALD | |
| STREET ADDRESS | 9040 SHALLOWFORD LN. | |
| CITY-ST-ZIP | PORT RICHEY, FL 34668 | |

| | | |
|----------------|----------------|---------------------------------|
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | MEARS, CARL T | |
| STREET ADDRESS | 8810 LIDO LANE | |
| CITY-ST-ZIP | PORT RICHEY FL | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------|---------------------------------|
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | GRUBE, CAROL E. | |
| STREET ADDRESS | 9129 CLAIR DR. | |
| CITY-ST-ZIP | PT RICHEY FL | |

| | | |
|----------------|-----------------------|--|
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRUBE, CAROL E. | |
| STREET ADDRESS | 9129 ST CLAIR DR | |
| CITY-ST-ZIP | PORT RICHEY, FL 34668 | |

| | | |
|----------------|-------------------|--|
| TITLE | RS | <input checked="" type="checkbox"/> Delete |
| NAME | PRICE, GERALD | |
| STREET ADDRESS | 4221 COCHISE LANE | |
| CITY-ST-ZIP | PORT RICHEY FL | |

| | | |
|----------------|-----------------------|--|
| TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FUGERA, JOE | |
| STREET ADDRESS | 9414 SERLING LN. | |
| CITY-ST-ZIP | PORT RICHEY, FL 34668 | |

| | | |
|----------------|----------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | O'DAY, JAMES | |
| STREET ADDRESS | 7116 CAY DR | |
| CITY-ST-ZIP | PORT RICHEY FL | |

| | | |
|----------------|-----------------------|--|
| TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PRICE, GERALD | |
| STREET ADDRESS | 4221 COCHISE LN. | |
| CITY-ST-ZIP | PORT RICHEY, FL 34668 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------|---|
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TUBBS, WILLIAM | |
| STREET ADDRESS | 7030 INGLESIDE DR. | |
| CITY-ST-ZIP | PORT RICHEY, FL 34668 | |

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:

Ronald K. Nuce

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/2000 727-848-8474

CR2E037 (9/99)