2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State
05-08-2000 90067 034 ****61.25

DOCUMENT # 768560

1. Entity Name

CREST RIDGE GARDENS SECURITY PATROL, INC.

Principal Place of Business	Mailing Address
4806 - 4808 PHOENIX AVENUE HOLIDAY FL 34690	4806 - 4808 PHOENIX AVENUE HOLIDAY FL 34690

DO NOT WRITE IN THIS SPACE

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 59-2260171 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOVEY, DONALD
4934 MIRAGE AVENUE
HOLIDAY FL 34690

7. Name and Address of New Registered Agent

Name: Robert Grace
Street Address (P.O. Box Number is Not Acceptable): 4914 Mirage Ave.
City: Holiday FL Zip Code: 34690

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: Robert T Grace (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE: Apr 24 2000

FILE NOW: FEE IS $61.25

9. *Election Campaign Financing Trust Fund Contribution.* ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HOVEY, DONALD 4934 MIRAGE AVENUE HOLIDAY, FL 34690 34690	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Grace, Robert 4914 Mirage Ave. Holiday, FL 34690	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BUERGER, JERRY LEE 1543 SENTINEL STREET HOLIDAY, FL 34690	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SANDERS, MILDRED 4844 MIRAGE AVE HOLIDAY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS PARROTT, DONNA 4909 ODTSSEY AVE HOLIDAY FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Anita Caron 4840 Zodiac Ave. Holiday, FL 34690	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KERN, RICHARD 4935 VISION AVE HOLIDAY FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Buerger, Carl 1543 Sentinal St. Holiday, FL 34690	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MC GEE, ALLEN 1447 LANDAU STREET HOLIDAY FL 34690	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Walters, Jesse 5005 Phoenix Ave. Holiday, FL 34690	☒ Change ☐ Addition

CR2E037 (9/99)

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: Mildred Sanders SIGNATURE REQUIRED SANDERS 4/24/2000 727-934-2492

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #