

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90074 049 \*\*\*\*61.25

**DOCUMENT # 768560**

1. Entity Name

**CREST RIDGE GARDENS SECURITY PATROL, INC.**

Principal Place of Business

**4806 - 4806 PHOENIX AVENUE  
HOLIDAY FL 34690**

Mailing Address

**4806 - 4806 PHOENIX AVENUE  
HOLIDAY FL 34690**

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

**GRACE, ROBERT  
4914 MIRAGE AVENUE  
HOLIDAY FL 34690**

7. Name and Address of New Registered Agent

Name

**Schantz, Mark**

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

**5012 Genesis**

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

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

(NOTE: Registered Agent signature required when restate)

DATE

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BUERGER, JERRY LEE 1543 SENTINEL STREET HOLIDAY, FL 34690	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SANDERS, MILDRED 4844 MIRAGE AVE HOLIDAY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CARON, ANITA 4840 ZODIAC AVENUE HOLIDAY FL 34690	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUERGER, CARL 1543 SENTINEL STREET HOLIDAY FL 34690	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTERS, JESSE 5005 PHOENIX AVENUE HOLIDAY FL 34690	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURR, WALTER 1438 EXCALIBUR STREET HOLIDAY FL 34690	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 employment.

SIGNATURE:

**SIGNATURE OF REGISTERED AGENT**  
Signature and Typed or Printed Name of Signing Officer or Director

**1/22/02**

**7279370654**

Date

Daytime Phone #

CR2E037 (9/01)