2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State
04-15-2003 90109 016 ****70.00

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

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
SCHARTZ, MARK 5012 GENESIS HOLIDAY, FL 34690	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW: FEE IS $61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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	D Hovey DON 4934 Miraseau, Holiday, F 34690	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BURR, ANN 1438 EXCALIBUR ST HOLIDAY, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Welch, Ted 5021 PHOENIX Ave Holiday, FL, 34690	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS CARON, ANITA 4840 ZODIAC AVENUE HOLIDAY, FL 34690	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SCHANTZ, SUSAN 5012 Genesis Ave Holiday, FL, 34690	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUERGER, CARL 1543 SENTINAL STREET HOLIDAY, FL 34690	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHANTZ, MARK 5012 GENESIS AVE HOLIDAY FL 34690	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALTERS, JESSE 5005 PHOENIX AVENUE HOLIDAY, FL 34690	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURR, WALTER 1438 EXCALIBUR STREET HOLIDAY, FL 34690	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Jerry Lee Buerger JERRY Lee BUERGER 4-12-03 727-937-3888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #