

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013774 AF

DOCUMENT # **A97000002225**

1. Entity Name

COMCO SECURITY PARTNERS 1000, LTD.

FILED

Principal Place of Business

C/O INTERWAVE, INC.  
6490 GRIFFIN ROAD, SUITE 101  
DAVIE FL 33314

Mailing Address

C/O INTERWAVE, INC.  
6490 GRIFFIN ROAD, SUITE 101  
DAVIE FL 33314

01 FEB -5 AM 11:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2230 SW 70<sup>TH</sup> AVENUE

3. Mailing Address

2230 SW 70<sup>TH</sup> AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT 5

UNIT 5

City & State

City & State

DAVIE, FL

DAVIE FL

4. FEI Number

65-0780137

Applied For

Not Applicable

Zip

33317

Country

USA

Zip

33317

Country

USA

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

FLOOD, JOHN F  
C/O INTERWAVE, INC.  
6490 GRIFFIN ROAD, SUITE 101  
DAVIE FL 33314

Name

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

2230 SW 70<sup>TH</sup> AVENUE UNIT 5

City

DAVIE

FL

Zip Code  
33317

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 reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$64,500.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME FLOOD, JOHN F  
STREET ADDRESS 6490 GRIFFIN ROAD, SUITE 101  
CITY-ST-ZIP DAVIE FL 33314

STREET ADDRESS 2230 SW 70<sup>TH</sup> AVENUE UNIT 5  
CITY-ST-ZIP DAVIE, FL 33317

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

John F FLOOD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/30/01 954 475 7199  
Date Daytime Phone #

CR2E003 (11/00)