

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B93000000012

1. Entity Name

CP SECURITY, LTD.

FILED

02 JUN 18 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2500 N. TAMiami TRAIL, SUITE 212
NAPLES FL 34103

Mailing Address

2500 N. TAMiami TRAIL, SUITE 212
NAPLES FL 34103

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

65-0348843

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

BENT, WALTER L

2500 N. TAMiami TRAIL, SUITE 212
NAPLES FL 34103

Name

David Schlottman

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

2500 N. Tamiami Trail Suite 212

City

Naples

FL

Zip Code

34103

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.

David Schlottman

4/30/02

DATE

9. Capital Contributions
as Shown on record.

\$21,724,421.00

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 # P40399
NAME BENT & ASSOCIATES, INC.
STREET ADDRESS 825 SOUTH HEATHWOOD DRIVE
CITY-ST-ZIP MARCO ISLAND FL 34145

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # F95000003856
NAME WEST BOCA SECURITY, INC.
STREET ADDRESS ONE N. MAIN STREET
CITY-ST-ZIP COUDERSPORT PA 16915

STREET ADDRESS

CITY-ST-ZIP

500005912195--9

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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CP2E003 (9/01)