

DOCUMENT # F00000001024

1. Entity Name

L.R.W. SECURITY, INC.

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90064 001 ***150.00

Principal Place of Business

7713 SAND ST.
FT. WORTH TX 76118

Mailing Address

7713 SAND ST.
FT. WORTH TX 76118

2. Principal Place of Business

7501 Pebble DR

Suite, Apt. #, etc.

3. Mailing Address

7501 Pebble DR

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. WORTH, TX

City & State

FT. WORTH, TX

4. FEI Number

75-2619041

Applied For

Not Applicable

Zip

76118

Country

USA

Zip

76118

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

FARMER, GARY E
4809-A EHRlich RD.
TAMPA FL 33624

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	ROBINSON, LARRY S	
STREET ADDRESS	408 RIDGEVIEW CR	
CITY-ST-ZIP	KELLER TX 76248	
TITLE	WCD	<input type="checkbox"/> Delete
NAME	WEST, KENNETH A	
STREET ADDRESS	2620 S. CHASE CT.	
CITY-ST-ZIP	BURLESON TX 76028	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LORE, JESSE D	
STREET ADDRESS	3726 DANBURY DR.	
CITY-ST-ZIP	ARLINGTON TX 76016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY S. ROBINSON

Date

JAN 11 (817) 595-4467

Daytime Phone #

CR2E034 (10/00)