PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # F9500000423

RUBICON BUSINESS SECURITY & FINANCIAL SERVICES.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90143 025 ***150.00

INC.	•							
Principal Place	e of Business	Mailing Address		רשטי היה שם ההוסט ההוסט ההוסט העומו של שהוסטור ה	11 30 010 60 111 6 1010 1100 1111 1001			
657 99TH AVE N PO BOX 20277					* * *			
202 ST PETERSBURG FL 33702								
ST PETERSBUR	G FL 33702	US		DO NOT WRITE IN TH	IS SPACE			
US				3. Date Incorporated or Qualifed				
				01/26/1995				
· ·	lace of Business	2a. Mailing Address	1202	4, FEI Number	Applied For			
21		26 YO LOX C		59-3174441	Not Applicable \$8.75 Additional			
Suite, Apt. #, etc. Suite, Apt. #, etc.		} 		5. Certificate of Status Desired	Fee Required			
City & State	<u> </u>	City & State 1		6 Floation Compaign Financing	\$5.00 May Be			
23	•	28 87 PO1013	10m P	6. Election Campaign Financing Trust Fund Contribution	Added to Fees			
Zip	Country	201 O1 1 TO	Country	8. This corporation owes the current year				
24	25	29 B3734 3	า USA -	Personal Property Tax.	☐Yes ☐No			
	9. Name and Address of Curren			10. Name and Address of New Registere	d Agent			
			81 Name					
BRO'	wn Jr, arthur W		82 Street Add	ross (B.O. Boy Number is Not Accentable)				
657 9	99TH AVE N		82 Sireet Addi	82 Street Address (P.O. Box Number is Not Acceptable)				
#202	2		83					
STP	ETERSBURG FL 33702		04 63		85 Zip Code			
			84 City	F	L 85 Zip Code			
11. Pursuant	to the provisions of Sections 607.050.	2 and 607.1508, Florida Statutes	, the above-named corp	poration submits this statement for the purpose	of changing its registered			
office of re	egistered agent, or both, in the State m familiar with, and accept the obliga-	of Florida. Such change was aut tions of, Section 607,0505, Florid	horized by the corporation	on's board of directors. I hereby accept the app	ointment as registered			
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable (NOTE: R	egistered Agent signature require	ed when reinstating) DATE				
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS				
TITLE	ČD	☐ DELETE	1.1 TITLE		Change Addition			
NAME	brown Jr, arthur W		1.2 NAME					
STREET ADDRESS	10401 SNUG HARBOR RD #13	0	1,3 STREET ADDRESS					
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZJP					
TITLE	VD	☐ ØELETE	2.1 TITLE		☐ Change ☐ Addition			
NAME	BROWN, STACEY L		2.2 NAME					
STREET ADDRESS	10401 SNUG HARBOR RD #13	10	2.3 STREET ADDRESS		-			
CITY-ST-ZIP	ST PETERSBURG FL		2. 4 CITY-ST-ZIP					
TITLE		□ DELETE	3.1 TITLE		Change Addition			
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP		C) perere	34 CITY-ST-ZIP		Change Addition			
TITLE		☐ DELETE	4.1 TITLE		Charige Chargings			
NAME			4. 2 NAME					
STREET ADDRESS			4 3 STREET ADDRESS					
CITY-ST-ZIP		□ SCHETE	4.4 CITY-ST-ZIP		Change Addition			
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		□ cualitie □ Vooition			
) NAME								
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP		☐ DELETE	5.4 G/TY-ST-Z/P 6.1 TITLE		Change Addition			
TITLE		™ DETEIS	6.2 NAME					
NAME (B					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address with all other like empowered.

SIGNATURE:

Daytime Phone #