

# 2000 UNIFORM BUSINESS REPORT (UBR)

ATX1

**DOCUMENT #** F95000005226

**1. Entity Name**

CENTRON SECURITY SYSTEMS, INC

**Principal Place of Business**  
1545 DEBONAIRE

**Mailing Address**  
1545 DEBONAIRE

HOLIDAY, FL  
34690

HOLIDAY, FL  
34690

**2. Principal Place of Business**  
7144 GARDEN GROVE  
Suite, Apt. #, etc.

**3. Mailing Address**  
7144 GARDEN GROVE  
Suite, Apt. #, etc.

**City & State**  
NEW PORT RICHEY, FL  
Zip  
34652 Country

**City & State**  
NEW PORT RICHEY, FL  
Zip  
34652 Country

**4. FEI Number**  
22-2812061

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

KAREN KING  
7144 GARDEN GROVE  
NEW PORT RICHEY, FL 34652

**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, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

**10. Election Campaign Financing** **\$5.00** May Be  
Trust Fund Contribution. ☐ Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTC KAREN KING 7144 GARDEN GROVE NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

200018569452  
05/08/03--01067--009 \*\*150.00

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Karen King KAREN KING 4/24/03 (727) 942-7415  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/99)