

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 15, 2000 8:00 am**
Secretary of State

03-15-2000 90061 023 ***150.00

C0025378

DO NOT WRITE IN THIS SPACE

DOCUMENT # F99000002655

1. Entity Name

PINKERTON GOVERNMENT SERVICES, INC.

Principal Place of Business

Mailing Address

**EMORY VALLEY ROAD
RIDGE TN 37830****673 EMORY VALLEY ROAD
OAK RIDGE TN 37830-7759**

2. Principal Place of Business

3. Mailing Address

4330 PARK TERRACE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTLAKE VILLAGE, CA

4. FEI Number

62-1415679

Applied For

Not Applicable

Zip

Country

Zip

Country

91361**USA**5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P HOY, GARY L 673 EMORY VALLEY ROAD OAK RIDGE TN 37830	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	ST RICH, JIMMIE H 673 EMORY VALLEY ROAD OAK RIDGE TN 37830	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D THUNMAN, NILS R 673 EMORY VALLEY ROAD OAK RIDGE TN 37830	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D HUGHES, HARLEY A 673 EMORY VALLEY ROAD OAK RIDGE TN 37830	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D FREEZE, JAMES E 673 EMORY VALLEY ROAD OAK RIDGE TN 37830	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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

Date

Daytime Phone #

Jimmie H. Rich**1-10-00****(865) 481-3400**

CR2E034 (9/99)