

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G03468**

1. Entity Name

TOP SECURITY, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90019 034 ***150.00

Principal Place of Business

**1520 ARCADIA ST
ORLANDO FL 32806-7801**

Mailing Address

**P.O. BOX 56821
ORLANDO FL 32856**

2. Principal Place of Business

3. Mailing Address

Correct # is 568621

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2231824

Applied For

Not Applicable

Zip

Country

32856-8621

Country

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

**SIMMERSON, CHARLES M II
520 ARCADIA ST
ORLANDO FL 32806-7801**

Name

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

1520 ARCADIA STREET

City

FL

Zip Code

8. The above named entity certifies 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SIMMERSON, CHARLES M II
1520 ARCADIA ST
ORLANDO FL 32806-7801** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SIMMERSON, VICTORIA L
1520 ARCADIA ST
ORLANDO FL 32806-7801** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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 #

1-8-00 407-644-7648

CR2E034 (9/99)