05/24/2001 11:46 9042239098 PETE ORLANDO,

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Jun 04, 2001 8:00 am
Secretary of State
06-04-2001 90005 047 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H76680

1. Entity Name
DELUXE SECURITY AGENCY, INCORPORATED

C00708549

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% G. EVERETT BURGHARDT WILLIAMS I SUITE 2 JACKSONVILLE FL 32207 US	1645 SAN MARCO BLVD SUITE 2 JACKSONVILLE FL 32207

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 1645 San Marco Blvd #2		Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State	
Zip 32207	Country USA	Zip	Country

4. FEI Number 59-2711024 ☐ Applied For ☐ Not Applicable

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
ROSS, A G 1645 SAN MARCO BLVD SUITE 2 JACKSONVILLE FL 32207	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 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	P ROSS, A G 1645 SAN MARCO BLVD JACKSONVILLE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: A G Ross 5/24/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #