

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90211 022 ***150.00

DOCUMENT # J35125

1. Entity Name

CURTIS SECURITY SYSTEMS, INC.

Principal Place of Business

Mailing Address

4078 COMMERCIAL WAY
 SPRING HILL FL 34606
 US

4078 COMMERCIAL WAY
 SPRING HILL FL 34606-2397
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2726910**

Applied For
 Not Applicable

Zip

Country

Zip

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

NELSON, JUDITH
18819 AVENUE BIARRITZ
LUTZ FL 33549

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 _____ (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
P	NELSON, JUDITH		
	18819 AVENUE BIARRITZ		
	LUTZ FL 33549		
VP	NELSON, DAVID	VP	NELSON, JUDITH
	18819 AVE BIARRITZ		18819 AVE BIARRITZ
	LUTZ FL 33549		LUTZ, FL 33549
S	NELSON, JUDITH		
	18819 AVENUE BIARRITZ		
	LUTZ FL 33549		
T	NELSON, JUDITH		
	18819 AVENUE BIARRITZ		
	LUTZ FL 33549		

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: *Judith Nelson President* JUDITH NELSON 1/11/00 352-688-1000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/99)