

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L52683**

1. Entity Name

FEDERAL MONITORING SERVICES, INC.

FILED

Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90035 020 ***158.75

Principal Place of Business

BOX 810621
BOCA RATON FL 33481-0621

Mailing Address

P.O. BOX 810621
BOCA RATON FL 33481-0621

00020181



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0180391**

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEENAN, KAREN
2871 N. OCEAN BLVD
D 516
BOCA RATON FL 33421

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

| | | |
|----------------|-------------------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | ESTES, DENNIS | |
| STREET ADDRESS | 7421 ROSEWOOD CIRCLE | |
| CITY-ST-ZIP | BOCA RATON FL 33487 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | ESTES, DONALD E. | |
| STREET ADDRESS | 7267 SAN SEBASTIAN DRIVE | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | GRAVES, EUGENE A. | |
| STREET ADDRESS | 107 YORKTOWN COURT | |
| CITY-ST-ZIP | MEDFORD NJ 08055 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | KEENAN, JAMES J. | |
| STREET ADDRESS | 2871 NORTH OCEAN BOULEVARD #D-515 | |
| CITY-ST-ZIP | BOCA RATON FL 33431 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | BLOOM, STANLEY | |
| STREET ADDRESS | 6412 NORTH UNIVERSITY DR., STE. 111 | |
| CITY-ST-ZIP | TAMARAC FL 33324 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|-------------------------------------------------------------------|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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:

DENNIS ESTES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/00

561 241 4420

CR2E034 (9/99)