

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L88570

1. Entity Name

STATE CERTIFIED SECURITY SYSTEMS, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90070 020 ***158.75

Principal Place of Business

Mailing Address

1920 S.R. 17 S.
AVON PARK FL 33825
US

1920 S.R. 17 S.
AVON PARK FL 33825
US

2. Principal Place of Business

3. Mailing Address

779 E. Merritt Island Cswy
Suite, Apt. #, etc.
#303

← Same
Suite, Apt. #, etc.
← Same

City & State
Merritt Island FL

City & State
← Same

Zip
32952

Country
USA

Zip

Country

4. FEI Number 59-3024798

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

DAVIS, THOMAS F.
1920 S.R. 17 S.
AVON PARK FL 33825

Name Davis, Thomas, F.
Street Address (P.O. Box Number is Not Acceptable)
779 E. Merritt Island Cswy #303
City Merritt Island FL Zip Code 32952

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, THOMAS F. 1920 S.R. 17 S. AVON PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST DAVIS, ELISABETH A. 1920 S.R. 17 S. AVON PARK FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.VST Davis Thomas F. 779 E. Merritt Island Cswy #303 Merritt Island FL 32952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

Thomas F. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407 616 6506
3-6-00 800 469 8826

CR2E034 (9/99)