

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 22 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000071

1. Entity Name  
STRONG-ARMORED COURIER SERVICES, L.C.

Principal Place of Business  
12-E COMMERCE STREET  
DESTIN FL 32541

Mailing Address  
12-E COMMERCE STREET  
DESTIN FL 32541-2324

2. Principal Place of Business

3. Mailing Address

P.O. Box 5468

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
DESTIN FL

Zip

Country

Zip  
32540

Country

4. FEI Number

59-3550909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

MC GEE, DAVID L  
3 WEST GARDEN STREET, SUITE 700  
PENSACOLA FL

## 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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

## 9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
INTEGRATED FINANCIAL SYSTEMS, L.C.  
12-E COMMERCE STREET  
DESTIN FL 32541 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MEM  
INTEGRATED FINANCIAL SYSTEMS, L.C.  
12-E COMMERCE STREET  
DESTIN FL 32541 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition  
500003283855-4  
-06/12/00--01003--013  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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☐ Change ☐ Addition

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**\$621/1/10 FEE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/21/00

Date

Daytime Phone #

CR2: 083 (1/9)