

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008045

1. Entity Name

CERTIFIED SECURITY SYSTEMS, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 24 AM 9:43

Principal Place of Business

9456 PHILLIPS HIGHWAY, SUITE 7  
JACKSONVILLE FL 32256

Mailing Address

9456 PHILLIPS HIGHWAY, SUITE 7  
JACKSONVILLE FL 32256-1342



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3609917

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STONEBURNER, GRESHAM R  
50 NORTH LAURA STREET, SUITE 3300  
JACKSONVILLE FL 32202

Name Stoneburner, Gresham R

Street Address (P.O. Box Number is Not Acceptable)

226 WATER STREET - SUITE 2050

City Jacksonville

FL

Zip Code 32202

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

2/17/00

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS (CHANGES)

Spelling Correction

TITLE MGR  
NAME HASSAN, JOE  
STREET ADDRESS 9456 PHILLIPS HIGHWAY, SUITE 7  
CITY- ST- ZIP JACKSONVILLE FL 32256

TITLE  
NAME HASSAN, JOE  
STREET ADDRESS  
CITY- ST- ZIP

TITLE MGR  
NAME SHERIDAN, JOHN  
STREET ADDRESS 2 OAKWOOD BLVD., SUITE 200  
CITY- ST- ZIP HOLLYWOOD FL 33020

TITLE  
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CITY- ST- ZIP

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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

2/17/00 904 268-9454

CR02083 (9/00)