

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09332

1. Entity Name

PARKWOOD ACRES SECURITY PATROL, INC.

Principal Place of Business

9734 DICK ST.
HUDSON FL 34669

Mailing Address

% JANE ALDRICH
9704 ED ST
HUDSON FL 34669-3957

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

RILEY, WALTER
12710 PARK WOOD ST
HUDSON FL 34669

7. Name and Address of New Registered Agent

Name Aldrich, Ronald

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

9704 Ed Street

City Hudson,

FL

Zip Code 34669

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

Aldrich, Ronald

Signature, typed or printed name of registered agent and title if applicable.

Ronald Aldrich

(NOTE: Registered Agent signature required when reinstating)

01-13-2000

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RILEY, WALTER	
STREET ADDRESS	12710 PARKWOOD ST	
CITY-ST-ZIP	HUDSON FL 34669	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RATAJCZYK, DENNIS	
STREET ADDRESS	9613 GARY ST	
CITY-ST-ZIP	HUDSON FL 34669	
TITLE	T	<input type="checkbox"/> Delete
NAME	CONRADS, MARGARET	
STREET ADDRESS	9705 ED ST	
CITY-ST-ZIP	HUDSON FL 34669	
TITLE	D	<input type="checkbox"/> Delete
NAME	MERTES, IVAN	
STREET ADDRESS	12519 PARKWOOD ST	
CITY-ST-ZIP	HUDSON FL 34669	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVERETT, WILLIS	
STREET ADDRESS	9811 BUDD STREET	
CITY-ST-ZIP	HUDSON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAPMAN, AL	
STREET ADDRESS	9642 RAY ST	
CITY-ST-ZIP	HUDSON FL 34669	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aldrich, Ronald	
STREET ADDRESS	9704 Ed St.	
CITY-ST-ZIP	Hudson, FL 34669	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Margaret Conrads

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-13-2000

Date

787-869-6491

Daytime Phone #

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90154 034 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2929033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)