

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

DOCUMENT # N09332

1. Entity Name

PARKWOOD ACRES SECURITY PATROL, INC.

01-19-2001 90012 015 ****61.25

Principal Place of Business 9734 DICK ST. 9704 Ed St. HUDSON FL 34669	Mailing Address 9734 DICK ST. 9704 ED ST HUDSON FL 34669
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00004303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9704 Ed St.	3. Mailing Address 9704 Ed St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Hudson, Fl. 34669	City & State Hudson, Fl.
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4. FEI Number 59-2929033	Applied For <input type="checkbox"/> Not Applicable
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Zip 34669	Country USA	Zip 34669	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALDRICH, RONALD
9704 ED ST
HUDSON FL 34669**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P	<input type="checkbox"/> Delete
NAME ALDRICH, RONALD	
STREET ADDRESS 9704 ED 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	

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: *(Signature)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-01 (37)869-6491
Date Daytime Phone #

0080512

CR2E037 (10/00)