

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90039 029 ****61.25

DOCUMENT # N09332

1. Entity Name

PARKWOOD ACRES SECURITY PATROL, INC.

Principal Place of Business

Mailing Address

**9704 ED ST
HUDSON FL 34669**

**9704 ED ST
HUDSON FL 34669**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2929033

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

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

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 \$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** ☐ Delete
NAME **ALDRICH, RONALD**
STREET ADDRESS **9704 ED ST**
CITY-ST-ZIP **HUDSON FL 34669**

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

TITLE **VP** ☐ Delete
NAME **RATAJCZYK, DENNIS**
STREET ADDRESS **9613 GARY ST**
CITY-ST-ZIP **HUDSON FL 34669**

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

TITLE **T** ☐ Delete
NAME **CONRAD, MARGARET**
STREET ADDRESS **9705 ED ST**
CITY-ST-ZIP **HUDSON FL 34669**

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

TITLE **D** ☒ Delete
NAME **MERTES, IVAN**
STREET ADDRESS **12519 PARKWOOD ST**
CITY-ST-ZIP **HUDSON FL 34669**

TITLE ☒ Change ☐ Addition
NAME **Trustee**
STREET ADDRESS **Alfred Contrads**
CITY-ST-ZIP **9705 Ed St
Hudson, FL 34669**

TITLE **D** ☐ Delete
NAME **EVERETT, WILLIS**
STREET ADDRESS **9811 BUDD STREET**
CITY-ST-ZIP **HUDSON FL**

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

TITLE **D** ☒ Delete
NAME **CHAPMAN, AL**
STREET ADDRESS **9642 RAY ST**
CITY-ST-ZIP **HUDSON FL 34669**

TITLE ☒ Change ☐ Addition
NAME **Trustee**
STREET ADDRESS **Kenneth Southard**
CITY-ST-ZIP **13121 Parkwood St.
Hudson, FL 34669**

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 CONRAD** / Margaret Contrads 01-08-02 727-869-6491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)