

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47272

1. Entity Name

JASMINE LAKES SECURITY PATROL, INCORPORATED

(f)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90088 002 ****61.25

Principal Place of Business

7137 JASMINE BOULEVARD
PORT RICHEY FL 34668

Mailing Address

7137 JASMINE BOULEVARD
PORT RICHEY FL 34668

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

59-3112083

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

JOHN K RENKE II
7637 LITTLE RD
NEW PT RICHEY FL 34654

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
After September 13, 2000 min. will be \$236.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	CHARLES SKELTON	
STREET ADDRESS	7739 JASMINE BLVD	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CHARMAINE SACHRE	
STREET ADDRESS	10205 HICKORY HILL DR	
CITY-ST-ZIP	PT RICHEY FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CAROL TAYLOR	
STREET ADDRESS	7830 JASMINE BLVD	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VANCE GARRINGER	
STREET ADDRESS	10321 HONEYSUCKLE LN	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RON COOPER	
STREET ADDRESS	7740 TALISMAN DR	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILL CARLTOK	
STREET ADDRESS	7601 BERGAMOT	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYLLE FERRARO	
STREET ADDRESS	8024 MIMOSA DR	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIE PILIPUF	
STREET ADDRESS	7827 PINEAPPLE LN	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	ASP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIE CARLTOK	
STREET ADDRESS	7601 BERGAMOT	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	ATD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILDECO SCHRADER	
STREET ADDRESS	7607 JASMINE BL	
CITY-ST-ZIP	PORT RICHEY, FL 34668	

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:

John K Renke II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-00

Date

861-1014

Daytime Phone #

CR2E037 (5/00)