## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 14, 2000 8:00 am DOCUMENT # **N9400005305** 1. Entity Name Secretary of State RIO VISTA SECURITY, INC. 02-14-2000 90173 006 \*\*\*\*61.25 Principal Place of Business Mailing Address 2190 SE 17TH ST 2190 SE 17TH ST STE 211 STE 211 FT LAUDERDALE FL 33316-2105 FT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address 1702 CORDOVA ROAD #2 1702 CORDOVA ROAD #2 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. SUITE 2 SUITE 2 Applied For City & State 4. FEI Number City & State 65-0531611 Not Applicable FT. LAUDERDALE, LAUDERDALE, Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 33316 7. Name and Address of New Registered Agent --- 6. Name and Address of Current Registered Agent WILLIAM R. RUPP Street Address (P.O. Box Number is Not Acceptable) $1702\ CORDOVA\ ROAD$ , STE. RUPP, WILLIAM R 2190 SE 17TH ST **STE 211** Zip Code 33316 FT LAUDERDALE FL 33316 LAUDERDALE 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, trood or printed name of registered agent and title if applicable. Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition TITLE ☐ Delete TITLE CONRAD, EDWARD C NAME NAME STREET ADDRESS STREET ADDRESS 1700 S.E. 9TH ST. CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33316 ☐ Addition ☐ Change ☐ Delete TITLE D TITLE NAME NAME KOHL, ABE STREET ADDRESS STREET ADDRESS 1787 S.E. 9TH ST. CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33316 TITLE X Change ☐ Addition ☐ Delete NAME RUPP, WILLIAM R-NAME. 1702 CORDOVA ROAD #2 STREET ADDRESS STREET ADDRESS 2190 SE 17TH ST STE 211 CITY-ST-ZIP 33316 FT. LAUDERDALE, FL CITY-ST-ZiP FT LAUDERDALE FL TITLE Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITL F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

Date Daytime Phone #