## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 18, 2001 8:00 am Secretary of State DOCUMENT # N9400005305 05-18-2001 90009 011 \*\*\*\*61.25 RIO VISTA SECURITY, INC. Principal Place of Business Mailing Address 1702 CORDOVA RD # 2 O O T M O A 1702 CORDOVA RD # 2 STE 2 STE 2 FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0531611 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required -- 7." Name and Address of New Registered Agent --6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RUPP. WILLIAM R 1702 CORDOVA RD STE 2 FT LAUDERDALE FL 33316 Zio Code City Fl 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, typed or printed name of registered agent and title if applicable. Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Department of State Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition TITLE TITLE X Delete JON KRUPNICK NAME CONRAD, EDWARD C NAME STREET ADDRESS 1601 S.E. 7th STREET STREET ADDRESS 1700 S.E. 9TH ST. CITY-ST-7IP FT. LAUDERDALE, FL 33316 CITY-ST-ZIP FORT LAUDERDALE FL 33316 ☐ Change X Addition VP D X Delete TITLE TITLE KOHL, ABE NAME RAY WILLIAMS NAME STREET ADDRESS 715 CORDOVA ROAD FT. LAUDERDALE, FL STREET ADDRESS 1787 S.E. 9TH ST. CITY-ST-ZIP 33316 FORT LAUDERDALE FL 33316 CITY-ST-ZIP ☐ Change Addition X Delete TITLE S D TITLE NAME RUPP, WILLIAM R NAME SUSAN FARMER STREET ADDRESS STREET ADDRESS 2190 SE 17TH ST STE 211 1702 S.E. 7th STREET CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL FT. LAUDERDALE, FL 33316 ☐ Change ☑ Addition ☐ Delete TITI F TITLE JAMES BERGER NAME NAME 1409 PONCE DE LEON DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with

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 make employed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the corporation of the receiver or make employed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of of th

JON E. KRUPNICK

Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**FILED**