

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000011405

1. Entity Name

COALITION OF RETIRED PROFESSIONALS SECURITY, INC

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90041 008 ***150.00

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DO NOT WRITE IN THIS SPACE

Principal Place of Business 1489 ROSEBORO DR. DELTONA FL 32725		Mailing Address 1489 ROSEBORO DR. DELTONA FL 32725			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3628081	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FANT, ALLEN R 1489 ROSEBORO DR. DELTONA FL 32725				7. Name and Address of New Registered Agent Name: Patrick N. Perger Street Address (P.O. Box Number is Not Acceptable) 1489 Roseboro Drive City: Deltona FL Zip Code: 32725	
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: <i>Patrick N. Perger</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: 1/29/01 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERGER, PATRICK N		NAME		
STREET ADDRESS	1489 ROSEBORO DR.		STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL 32725		CITY-ST-ZIP		
TITLE	VTD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FANT, ALLEN R		NAME		
STREET ADDRESS	1489 ROSEBORO DR.		STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL 32725		CITY-ST-ZIP		
TITLE	CEO	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FANT, ALLEN R		NAME		
STREET ADDRESS	1489 ROSEBORO DR.		STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL 32725		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BASHINSKY, JOAN		NAME		
STREET ADDRESS	1209 RIDGE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	CONELLSVILLE PA 15425		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <i>Patrick N. Perger</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 1-29-01 Daytime Phone #	

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