

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90189 004 \*\*\*150.00

**DOCUMENT # P00000032536**

1. Entity Name

**SOUTHERN SECURITY SYSTEMS, INC.**

Principal Place of Business

Mailing Address

3720 S.E. 16TH PL.  
CAPE CORAL FL 33904

3720 S.E. 16TH PL.  
CAPE CORAL FL 33904

00058178



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3727 DEL PRADO Blvd.  
Suite, Apt. #, etc.

3727 DEL PRADO Blvd.  
Suite, Apt. #, etc.

City & State

City & State

CAPE CORAL FL

CAPE CORAL FL

4. FEI Number

Applied For

65-0993867

Not Applicable

Zip  
33904

Country  
USA

Zip  
33904

Country  
USA

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

PASCUCCI, BILL  
3720 S.E. 16TH PL.  
CAPE CORAL FL 33904

Name

Street Address (P.O. Box Number is Not Acceptable)

3731 S.E. 3RD PLACE

City  
CAPE CORAL FL

FL

Zip Code  
33904

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**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. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PASCUCCI, BILL  
3720 S.E. 16TH PL.  
CAPE CORAL FL 33904 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP/TTS  
Bill Pasucci  
3727 DEL PRADO BLVD.  
CAPE CORAL FL 33904 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PASCUCCI, LUANN  
3720 S.E. 16TH PL.  
CAPE CORAL FL 33904 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
LuAnn Pasucci  
3727 DEL PRADO BLVD.  
CAPE CORAL FL 33904 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
Troy Eldredge  
4641 NW 79th Ave  
Lauderhill FL 33351 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LuAnn Pasucci

Date

4-27-01

Daytime Phone #

941-945-6300

CR2E034 (10/00)