

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000042340**

1. Entity Name

INDIAN RIVER SECURITY, INC.

Principal Place of Business

**756 BEACHLAND BLVD.
VERO BEACH FL 32963**

Mailing Address

**756 BEACHLAND BLVD.
VERO BEACH FL 32963**

2. Principal Place of Business

3. Mailing Address

P. O. BOX 4080

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

VERO BEACH, FL

Zip

Country

Zip

Country

-32964-4080- USA-

4. FEI Number

65-1015147

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

**CALDWELL, WILLIAM W
756 BEACHLAND BLVD.
VERO BEACH FL 32963**

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 reappointing)

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPD/P ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**CHARLES J. BRADSHAW
1701 HIGHWAY A1A, SUITE 208
VERO BEACH, FL 32963**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPD/V/S ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**DONALD C. PROCTOR
1401 HIGHWAY A1A
VERO BEACH, FL 32963**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
NAME
STREET ADDRESS
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: CHARLES J. BRADSHAW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01

Date

(561) 231-0250

Daytime Phone #

0086086

CR2E034 (10/00)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90494 048 *1,500.00

00026866

DO NOT WRITE IN THIS SPACE