

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 17, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000042556

1. Entity Name
SCOTT PROTECTION SYSTEMS, INC.

Principal Place of Business
130 AUDUBON ROAD
WINTER HAVEN FL 33884

Mailing Address
130 AUDUBON ROAD
WINTER HAVEN FL 33884

2. Principal Place of Business
3601 CYPRESS GARDENS BLVD.

3. Mailing Address
3601 CYPRESS GARDENS BLVD.

Suite, Apt. #, etc.
SUITE G

Suite, Apt. #, etc.
SUITE G

City & State
WINTER HAVEN FL

City & State
WINTER HAVEN FL

Zip Country
33884 US

Zip Country
33884 US

4. FEI Number
59-3642618

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DIMSDALE TIMOTHY S
1601 11 STREET N.E.
WINTER HAVEN FL 33881 US

7. Name and Address of New Registered Agent

Name
DIMSDALE TIMOTHY S
Street Address (P.O. Box Number is Not Acceptable)
130 AUDUBON RD.
City
WINTER HAVEN FL Zip Code
33884

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 09/17/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	DIMSDALE TIMOTHY S	1601 11TH ST NE	WINTER HAVEN FL 33881	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: TIMOTHY S DIMSDALE

D 09/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)