

DOCUMENT # P00000075186

1. Entity Name
SAFETRON SECURITY SERVICES, INC.

Principal Place of Business

**250 ADELAIDE STREET
DEBARY FL 32713**

Mailing Address

**250 ADELAIDE STREET
DEBARY FL 32713**

2. Principal Place of Business

214 N. VOLUSIA AVE

Suite, Apt. #, etc.

3. Mailing Address

214 N. VOLUSIA AVE

Suite, Apt. #, etc.

City & State

ORANGE CITY

Zip

32763

Country

VOLUSIA

City & State

ORANGE CITY

Zip

32763

Country

VOLUSIA

4. FEI Number

59-3666714

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CASASSA, PAUL
250 ADELAIDE STREET
DEBARY FL 32713**

7. Name and Address of New Registered Agent

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 reinstating)

DATE

Paul Casassa PAUL CASASSA

1-4-01

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 17 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

**D
CASASSA, PAUL
250 ADELAIDE STREET
DEBARY FL 32713**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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☐ 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

Date

Daytime Phone #

Paul Casassa PAUL CASASSA

1-4-01

904 917 0095

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90028 036 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)