

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000089293

1. Entity Name

**MERIDIAN SECURITY GROUP CORPORATION**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90182 001 \*\*\*150.00

Principal Place of Business  
**13030 SAN DIEGO WOODS LN**  
**ORLANDO FL 32824**

Mailing Address  
**13030 SAN DIEGO WOODS LN**  
**ORLANDO FL 32824**

**COB86150**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2484 W STATE ROAD 434**

3. Mailing Address

**2484 W STATE ROAD 434**

Suite, Apt. #, etc.

**SUITE 108**

Suite, Apt. #, etc.

**SUITE 108**

City & State

**LONGWOOD, FL**

City & State

**LONGWOOD, FL**

4. FEI Number

**59-3673489**

Applied For

Not Applicable

Zip

**32779**

Country

Zip

**32779**

Country

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

**HENRY, WILLIAM E**  
**13030 SAN DIEGO WOODS LN**  
**ORLANDO FL 32824**

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

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HENRY, WILLIAM E</b>	
STREET ADDRESS	<b>13030 SAN DIEGO WOODS LN</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32824</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>ROCHE, DAVID W</b>	
STREET ADDRESS	<b>526 RIDGELINE RN</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>VANVELSOR, THOMAS F</b>	
STREET ADDRESS	<b>605 MAJORCA AVE</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32714</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**THOMAS VANVELSOR**

**1/29/01**

**(407) 395-2667**

Date

Daytime Phone #

CR2E034 (10/00)