

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

1. Entity Name
MERIDIAN SECURITY GROUP CORPORATION
PO0000089293

Principal Place of Business
2484 W. SR 434, STE #108
LONGWOOD, FL 32779

2. Principal Place of Business
2484 W SR 434
 Suite, Apt. #, etc.
108

3. Mailing Address
2484 W. SR 434
 Suite, Apt. #, etc.
108

City & State
LONGWOOD, FL
 Zip
32779
 Country
USA

City & State
LONGWOOD, FL
 Zip
32779
 Country
USA

4. FEI Number
59-3673489

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

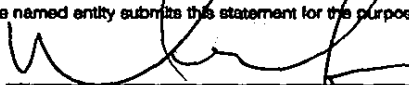
6. Name and Address of Current Registered Agent

WILLIAM HENRY
13030 SAN DIEGO WOODS CN.
ORLANDO, FL 32824

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  **WILLIAM E. HENRY** **06-21-2001**
 Signature, typed or printed name of registered agent and date 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**

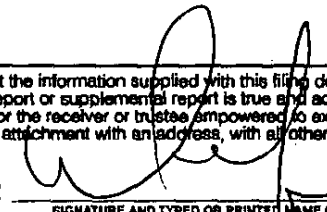
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIAM E. HENRY ☐ Delete (P) PRESIDENT 13030 SAN DIEGO WOODS CN. ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THOMAS VAN JELSOR ☐ Delete (V) VIC- PRESIDENT 6045 ALA BOREN ATLANTA SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100004435471 -06/21/01--01078--001 *****70.00 *****70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 807, 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:  **WILLIAM E. HENRY, PR.** **06-21-2001** **407**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED34 (11/00)