2001 UNIFORM BUSINESS REPORT (UBR)

REVISED
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 21 PM 1:07

DOCUMENT #

1. Entity Name
MERIDIAN SECURITY GROUP CORPORATION
P00000089293

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2484 W SR 434		2484 W. SR 434	
Suite, Apt. #, etc. 108		Suite, Apt. #, etc. 108	
City & State LONGWOOD, FL		City & State LONGWOOD, FL	
Zip 32779	Country USA	Zip 32779	Country USA

4. FEI Number 59-3673489 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAM HENRY
13030 SAN DIEGO WDS LN.
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 [signature] WILLIAM E. HENRY 06-21-2001
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	WILLIAM E. HENRY (P) ☐ Delete PRESIDENT 13030 SAN DIEGO WOODS LN. ORLANDO, FL 32824	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100004435471--9 -06/21/01--01078--001 ****70.00 ****70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	THOMAS VANVELSOR (V) ☐ Delete VICE-PRESIDENT 695 MAJOREEN ALTAMONTE SPRINGS, FL 32714	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change SP ☐ Addition

CR2E034 (11/00)

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] WILLIAM E. HENRY, PRES. 06-21-2001 407 257-5496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #