

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90003 020 ***150.00

DOCUMENT # P01000030256

1. Entity Name

SECURITY HARDWARE INSTALLERS, INC.

Principal Place of Business

**1622 ENSENADA DRIVE
 ORLANDO FL 32825**

Mailing Address

**1622 ENSENADA DRIVE
 ORLANDO FL 32825**

2. Principal Place of Business

Suite, Apt. #, etc.
6901 Salinas Drive

3. Mailing Address

Suite, Apt. #, etc.

**P.O. Box 720326
 ORLANDO, FL**

City & State
ORLANDO, FL

Zip
32822

Country
ORANGE

City & State
ORLANDO, FL

Zip
32822

Country
ORANGE

4. FEI Number

59-3706679

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**VILLENEUVE, LOUISE R
 1622 ENSENADA DRIVE
 ORLANDO FL 32825**

7. Name and Address of New Registered Agent

Name
Scott A. Villeneuve

Street Address (P.O. Box Number is Not Acceptable)
6901 SALINAS DRIVE

City
ORLANDO

FL

Zip Code
32822

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

Scott A. Villeneuve

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/18/02

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, 2002 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
**PSTD
 VILLENEUVE, LOUISE R
 1622 ENSENADA DRIVE
 ORLANDO FL 32825**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SCOTT A. VILLENEUVE
 6901 SALINAS DR.
 ORLANDO, FL 32822**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MARC D. VILLENEUVE
 5055 JETSAIL DRIVE
 ORLANDO, FL 32812**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 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:

Scott A. Villeneuve

Date

Daytime Phone #

2/18/02

CR2E034 (9/01)