

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000002737

1. Entity Name
SOUTHEAST SECURITY OF VOLUSIA, INC.

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90214 006 ***150.00

Principal Place of Business
P.O. BOX 1485
NEW SMYRNA BEACH FL 32170

Mailing Address
P.O. BOX 1485
NEW SMYRNA BEACH FL 32170

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3147643**

Applied For

Not Applicable

Zip Country Zip 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

KENNOVIN, COLIN
2122 VILLA WAY
NEW SMYRNA BEACH FL 32169

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **DP** ☐ Delete
NAME **KENNOVIN, MARSHA**
STREET ADDRESS **2122 VILLA WAY**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☐ Delete
NAME **KENNOVIN, COLIN**
STREET ADDRESS **2122 VILLA WAY**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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: *Colin Kennovin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (5/00)

Attachment Dec #
P9200000 2737
AD673647

Southeast Security of Volusia, Inc.

P.O. Box 1485
New Smyrna Beach, FL 32170

August 15, 2000

Division of Corporations

Annual Reports Section

P.O. Box 1500

Tallahassee, FL 32302-1500

Dear Sirs:

Please find enclosed the base filing fee for the Uniform Business Report 2000 of \$150.00. We never received the original Annual Report. After looking through our records, we discovered we have always filed in a timely manner and promise to do so in the future. We apologize for this error and ask that you respectfully abate the penalties.

Thank you,


Colin Kennovin
Vice President