

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90054 045 \*\*\*150.00

**DOCUMENT # P92000002737**

1. Entity Name  
**SOUTHEAST SECURITY OF VOLUSIA, INC.**

Principal Place of Business  
**2122 VILLA WAY**  
**NEW SMYRNA BEACH FL 32169**

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**209 DOWNING ST**  
 Suite, Apt. #, etc.

3. Mailing Address  
**209 DOWNING ST.**  
 Suite, Apt. #, etc.

City & State  
**NEW SMYRNA BEACH FL**  
 Zip  
**32168**  
 Country  
**VOLUSIA**

City & State  
**NEW SMYRNA BEACH FL**  
 Zip  
**32168**  
 Country  
**VOLUSIA**

4. FEI Number  
**59-3147643**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KENNOVIN, COLIN**  
**2122 VILLA WAY**  
**NEW SMYRNA BEACH FL 32169**

7. Name and Address of New Registered Agent  
 Name  
**Colin Kennovinn**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2560 TURN BULL BAY RD.**  
 City  
**NEW SMYRNA BEACH, FL** Zip Code  
**32168**

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 **Colin Kennovinn** **Colin Kennovinn** 4/11/02  
 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, 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	DP KENNOVIN, MARSHA 2122 VILLA WAY NEW SMYRNA BEACH FL 32169 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KENNOVIN, COLIN 2122 VILLA WAY NEW SMYRNA BEACH FL 32169 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KENNOVIN, COLIN 2560 TURN BULL BAY RD. NEW SMYRNA BE. FL. 32168 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV THOMAS JULES 300 DUL EAST NEW SMYRNA BE. FL. 32169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-T DENNIS BRISSON 2615 TURNBULL ESTATE DR. NEW SMYRNA BE. FL. 32168 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 Kennovinn**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02  
 Date

Daytime Phone #

CR2E034 (9/01)