

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000064236

1. Entity Name

INTERNATIONAL SECURITY MANAGEMENT GROUP OF TAMPA

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90214 017 \*\*\*150.00

Principal Place of Business

Mailing Address

4601 W KENNEDY BLVD  
STE 222  
TAMPA FL 33609  
US

P. O. BOX 23492  
TAMPA FL 33623-3492  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7025 NORTH DALE MARY HIGHWAY

Suite, Apt. #, etc.

SUITE 102

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

Zip

33614

Country

USA

Zip

Country

4. FEI Number

59-3195989

Applied For

Not Applicable

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

C T CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION FL 33324

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, 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, 2000 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	BLEDSON, CHARLES	10005 FEATHER SOUND CT ALPHARETTA GA 30202	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	BLEDSON, CARL	4198 HONEY CREEK WAY MARIETTA GA 30064	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	HIMEBAUGH, JEFF	8396 SWAN DR HIRAM GA 30141	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00

704-760-8588

CR2E034 (9/99)