

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 24, 2000 8:00 am**
Secretary of State

05-24-2000 90036 018 ***150.00

DOCUMENT # P93000088113

1. Entity Name

CRIME PREVENTION SECURITY SYSTEMS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 3510 N.W. 97TH BOULEVARD GAINESVILLE FL 32606 US	Mailing Address 3510 N.W. 97TH BOULEVARD GAINESVILLE FL 32606-7322 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3219327	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****PASTORE, JOHN A JR**
3510 N.W. 97TH BOULEVARD
GAINESVILLE FL

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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>
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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** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE SVP	<input type="checkbox"/> Delete
NAME BIGGS, SHIRLEY J	
STREET ADDRESS 3510 NW 97TH BLVD	
CITY-ST-ZIP GAINESVILLE FL	
TITLE VPOS	<input type="checkbox"/> Delete
NAME CARR, JAMES A	
STREET ADDRESS 3510 NW 97TH BLVD	
CITY-ST-ZIP GAINESVILLE FL	
TITLE VP	<input type="checkbox"/> Delete
NAME SMITH, AUTRY GENE	
STREET ADDRESS 3510 NW 97TH BLVD	
CITY-ST-ZIP GAINESVILLE FL	
TITLE P	<input type="checkbox"/> Delete
NAME PASTORE, JOHN A JR	
STREET ADDRESS 3510 NW 97TH BLVD	
CITY-ST-ZIP GAINESVILLE FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>John A. Pastore Jr</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOHN A PASTORE JR	Date 4-30-2000	Daytime Phone # 352-332-6100
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