

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90220 001 ***150.00

DOCUMENT # P94000006649

1. Entity Name

PEDERSEN SECURITY SERVICES, INC.

Principal Place of Business

5885 EDENFIELD DR #N-11
 JACKSONVILLE FL 32277
 US

Mailing Address

5885 EDENFIELD RD #N-11
 JACKSONVILLE FL 32277-1248
 US

2. Principal Place of Business

3092 STARRATT RD

3. Mailing Address

3092 STARRATT RD

Suite, Apt. #, etc.

JACKSONVILLE, FL

Suite, Apt. #, etc.

JACKSONVILLE, FL

City & State

City & State

4. FEI Number

59-3224741

Applied For

Not Applicable

Zip

32226

Country

DUVAL

Zip

32226

Country

DUVAL

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

PEDERSEN, JOHN R
5885 EDENFIELD RD #N-11
JACKSONVILLE FL 32277

Name

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

3092 STARRATT RD

City

JACKSONVILLE

FL

Zip Code

32216

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

John Pedersen

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

(NOTE: Registered Agent signature required when reinstating)

2-1-00

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
PTSD	PEDERSEN, JOHN R	5885 EDENFIELD RD #N-11	JACKSONVILLE FL 32277	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		3092 STARRATT RD	JACKSONVILLE, FL 32226	<input checked="" 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:

John Pedersen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-00

Date

904-714-6969

Daytime Phone #

CR2E034 (9/99)