

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90026 015 ***158.75

DOCUMENT # P94000049715

1. Entity Name

SURVEILLANCE SPECIALISTS INCORPORATED

Principal Place of Business

214 GREENWICH STREET
 DAVENPORT FL 33837

Mailing Address

214 GREENWICH STREET
 DAVENPORT FL 33837

P O Box
 905
 OSprey
 FL 34229

2. Principal Place of Business

4497 GOLDEN LAKE DRIVE

3. Mailing Address

P.O. Box 905

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SA1055TA FL

City & State

OSprey FLORIDA

4. FEI Number

59-3252655

Applied For

Not Applicable

Zip

34233

Country

SA1055TA.

Zip

34229

Country

SA1055TA.

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

SALVER, PAUL
 5881 N.W. 151ST ST
 #101
 MIAMI LAKES FL 33014

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, 2001 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 ☒ Delete
 NAME D
 STREET ADDRESS ELLISON, ALLEN L
 CITY-ST-ZIP 214 GREENWICH ST.
 DAVENPORT FL 33837

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

TITLE ☐ Delete
 NAME James Ellison
 STREET ADDRESS 4497 GOLDEN LAKE DRIVE
 CITY-ST-ZIP SA1055TA FL 34233

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: James Ellison James Ellison President 4/24/01 941
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 925-0623

CR2E034 (10/00)