

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90131 025 ***150.00

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DOCUMENT # P94000049715

1. Entity Name
SURVEILLANCE SPECIALISTS INCORPORATED



Principal Place of Business
4497 GOLDEN LAKE DRIVE
SARASOTA FL 34233

Mailing Address
PO BOX 905
OSPREY FL 34229

70 BOX 17601
SARASOTA, FL
34276

11029526



2. Principal Place of Business
4119 BEE RIVER ROAD

3. Mailing Address
PO BOX 17601

☐ CHECK HERE IF MAKING CHANGES

| | | | |
|--|--|------------------------------------|--------------------------------------|
| City & State SARASOTA FL | City & State SARASOTA FL | 4. FEI Number 59-3252655 | Applied For Not Applicable |
| Zip 34233 | Country USA | Zip 34276 | Country USA |

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
BEYER DAVID A.

Street Address (P.O. Box Number is Not Acceptable)
710 PIPER LUDWICK LLP

101 E. KENNEDY #2000

City
TAMPA

FL **Zip Code**
33602

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|---|---------------------------------|
| TITLE DPTS | <input type="checkbox"/> Delete |
| NAME ELLISON, JAMES | |
| STREET ADDRESS 4497 GOLD LAKE DRIVE | |
| CITY-ST-ZIP SARASOTA FL 34233 | |
| TITLE VICO President | <input type="checkbox"/> Delete |
| NAME ISAAC ELLISON | |
| STREET ADDRESS 4497 GOLD LAKE DRIVE | |
| CITY-ST-ZIP SARASOTA FL 34233 | |
| TITLE | <input type="checkbox"/> Delete |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 941 371 7958

Date

Daytime Phone #

CR2E034 (10/02)