

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000057329

1. Entity Name

V.I.P. SECURITY SPECIALISTS, INC.

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90053 050 ***150.00

Principal Place of Business

Mailing Address

RT 5 BOX 931
TALLAHASSEE FL 32311
US

P.O. BOX 1195
WOODVILLE FL 32362-1195
US

00049801

2. Principal Place of Business

3. Mailing Address

111 S. Waldon Rd.
Suite, Apt. #, etc.
Crawfordville, FL.
City & State

Suite, Apt. #, etc.

City & State

Zip
32327

Country

Zip

Country

4. FEI Number 59-3236641

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

BELL, ELISA
ROUTE 5, BOX 931
TALLAHASSEE FL 32311

Name Bell, Elisa
Street Address (P.O. Box Number is Not Acceptable)
111 S. Waldon Rd.
Crawfordville, FL.
City FL Zip Code 32327

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	D	<input type="checkbox"/> Delete
NAME	LOONEY, CHARLES	
STREET ADDRESS	ROUTE 5, BOX 931	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/night Phone #

4/29/01 (850) 421-9610

CR2E034 (10/00)