## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Apr 25, 2000 8:00 am Secretary of State DOCUMENT # **P94000089630** AMERICAN SECURITY & ORNAMENTAL, INC. 04-25-2000 90046 031 \*\*\*150.00 Mailing Address Principal Place of Business 1900 EAST ROBINSON STREET 1316 29TH ST. ORLANDO FL 32803-5936 ORLANDO FL 32805 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3292263 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent IEE SMI SMITH, JOHN LEE Street Address (P.O. Box Number is Not Acceptable) 1316 29TH ST ORLANDO FL 32805 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. 504N SIGNATURE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550,00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VICE - PRES. FABRIZ. Change **PSTD** TITLE Delete TITLE NAME WILLIAM CECKERT SMITH, JOHN L NAME STREET ADDRESS 1702 BONITA AVENUE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32805 ☐ Addition Delete TITLE TITLE BURNS, JOE 1700 BODIES AVE BORNS, JOE NAME NAME STREET ADDRESS STREET ADDRESS 1200 BONITA AVE ORLANDO FL 32805 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32805 Change ☐ Addition Delete TITLE BROWN, GORDON NAME\* NAME STREET ADDRESS STREET ADDRESS 2906 S. NASHVILLE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32805 Delete Change ☐ Addition TITLE TITLE NAME DEATON, BRIAN NAME STREET ADDRESS STREET ADDRESS 1316 29TH ST. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32805 ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

John L.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Smith