

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90016 029 ***150.00

813072



DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000039771

1. Entity Name
VANGUARD SECURITY OF BROWARD COUNTY, INC.

Principal Place of Business 1001 W CYPRESS CREEK SUITE 104 FT LAUDERDALE FL 33309 US	Mailing Address 1001 W CYPRESS CREEK SUITE 104 FT LAUDERDALE FL 33309-1947 US
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2. Principal Place of Business 6241 N. DIXIE HIGHWAY, Suite B	3. Mailing Address 6241 N. DIXIE Highway Suite B
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City & State Fort LAUDERDALE, FL.	City & State Fort LAUDERDALE, FL.
Zip 33334	Country US

4. FEI Number 65-0582620	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**HAMERNICK, BRIAN
 1001 W CYPRESS CREEK RD
 SUITE 104
 FT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name **HAMERNICK, BRIAN**
 Street Address (P.O. Box Number is Not Acceptable)
**6241 N. DIXIE Highway
 Suite B**
 City **Fort LAUDERDALE FL** Zip Code **33334**

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 *Brian K Hamernick* **BRIAN K. HAMERNICK, U.P.** DATE **2/14/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOPAY, DAVID H 9572 N.W. 41ST ST. MIAMI FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMERNICK, BRIAN 9572 N.W. 41ST ST. MIAMI FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Brian K Hamernick* **BRIAN K. HAMERNICK** DATE **2/14/00** (954) 351-0190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)