

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90046 050 ***150.00

DOCUMENT # P96000001839

1. Entity Name

MID AMERICAN SECURITY SERVICES, INC.

Principal Place of Business 774 STATE ROAD 13, UNIT 14 JACKSONVILLE FL 32259	Mailing Address 4110 SOUTHPOINT BLVD STE 205 JACKSONVILLE FL 32216-0927 US
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2. Principal Place of Business	3. Mailing Address 774 State Rd 13 #14
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State JAX, FL
Zip	Country
Country	Zip 32259
	Country D.V.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3351213	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent OTTO, STEVEN 774 STATE RD. 13 UNIT 11 JACKSONVILLE FL 32259	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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]* DATE: 2-15-00
(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) ☐	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. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Add
NAME	OTTO, STEVEN F	NAME	
STREET ADDRESS	774 STATE ROAD 13, UNIT 14	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32259	CITY-ST-ZIP	
TITLE	ST ☐ Delete	TITLE	☐ Change ☐ Add
NAME	OTTOTRISH,	NAME	
STREET ADDRESS	774 STATE ROAD 13, UNIT 14	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32259	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 2-15-00 904-287-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR