

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am  
Secretary of State

01-26-2000 90199 025 \*\*\*158.75

DOCUMENT # P96000003718

1. Entity Name

J.A.G. SECURITY, INC.

Principal Place of Business

Mailing Address

120 SUNFLOWER CIR.  
WEST PALM BEACH FL 33411-8009

P O BOX 2639  
BOCA RATON FL 33427

80007576



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1701 SW 6th AVE

3. Mailing Address

P.O. Box 2639

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
BOCA RATON FL

City & State  
BOCA RATON FL

4. FEI Number  
65-0629268

Applied For

Not Applicable

Zip  
33486

Country  
PALM BEACH

Zip  
33427

Country  
PALM BEACH

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, GLEN  
120 SUNFLOWER CIR.  
WEST PALM BEACH FL 33411-8009

Name  
JOEL DENSMORE

Street Address (P.O. Box Number is Not Acceptable)

1701 SW 6th AVE

City  
BOCA RATON

FL

Zip Code  
33486

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

JOEL DENSMORE PRESIDENT

1-18-00

(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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DENSMORE, JOEL	
STREET ADDRESS	1701 SW 6 AVE	
CITY-ST-ZIP	BOCA RATON FL 33411	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, GLEN	
STREET ADDRESS	120 SUNFLOWER CIR	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	<del>PRESIDENT</del>	<input type="checkbox"/> Delete
NAME	<del>DENSMORE, JOEL</del>	
STREET ADDRESS	<del>1701 SW 6th AVE</del>	
CITY-ST-ZIP	<del>BOCA RATON, FL 33486</del>	
TITLE	<del>VICE PRESIDENT</del>	<input type="checkbox"/> Delete
NAME	<del>MARILEE DENSMORE</del>	
STREET ADDRESS	<del>1701 SW 6th AVE</del>	
CITY-ST-ZIP	<del>BOCA RATON, FL 33486</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENSMORE, JOEL	
STREET ADDRESS	1701 SW 6th AVE	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENSMORE, MARILEE	
STREET ADDRESS	1701 SW 6th AVE	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #