

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90101 010 ***150.00

DOCUMENT # P96000014113

1. Entity Name

PALM BEACH SECURITY CONSULTANTS, INC.

Principal Place of Business

Mailing Address

3525 COCO PALM DR
PALM CITY FL 34490

PO BOX 32698
PALM BEACH GARDENS FL 33420-2698

2. Principal Place of Business

3525 CoCo Palm Dr.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm City, FL

City & State

4. FEI Number 65-0731863

Applied For

Not Applied

Zip

34490

Country

USA

Zip

Country

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

RODRIGUE, KERRY P
316 CANTERBURY DRIVE WEST
WEST PALM BEACH FL 33407

Name

Rodrigue, Kerry P.

Street Address (Post Box Number is Not Acceptable)

3525 CoCo Palm Drive

City

Palm City, FL

FL

Zip Code

34490

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

Kerry P. Rodrigue

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/18/2000

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 P
NAME RODRIGUE, NANCY
STREET ADDRESS 3525 COCO PLAM DR
CITY-ST-ZIP PALM CITY FL PALM

TITLE Vice-President Finance
NAME Kerry P. Rodrigue
STREET ADDRESS 3525 CoCo Palm Dr.
CITY-ST-ZIP Palm City, FL 34490

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

Kerry P. Rodrigue
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Jan 18, 2000

Daytime Phone #

561-283-1884