

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jun 04, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90068 021 \*\*\*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  
 US

PO BOX 32698  
 PLAM BEACH GARDENS FL 33420

- 6282

2. Principal Place of Business

3. Mailing Address

11958 S.W. Hamlin Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm City, FL

Zip

Country

Zip

Country

34990

4. FEI Number 65-0731863

Applied For

Not Applicable

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  
 3525 COCO PALM DR  
 PALM CITY FL 34990

Name

Nancy D. Rodriguez

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

11958 S.W. Hamlin Ct.

City

Palm City

FL

Zip Code

34990

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

Nancy Rodriguez

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

(NOTE: Registered Agent signature required when reinstating)

5/28/01

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, 2001 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	<input type="checkbox"/> Delete
NAME	RODRIGUE, NANCY	
STREET ADDRESS	3525 COCO PALM DR	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	VPF	<input type="checkbox"/> Delete
NAME	RODRIGUE, KERRY P	
STREET ADDRESS	3525 COCO PALM DR	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11958 S.W. Hamlin Ct.	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11958 S.W. Hamlin Ct.	
CITY-ST-ZIP	Palm City, FL 34990	
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		
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 all other like empowered.

SIGNATURE:

Nancy D. Rodriguez

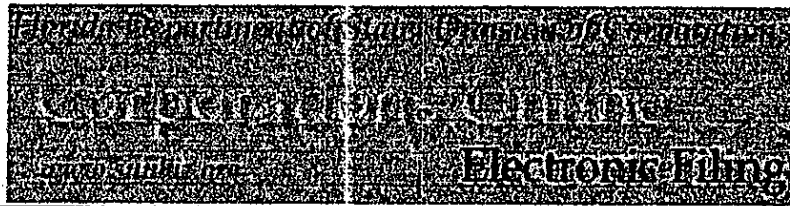
Signature, typed or printed name of signing officer or director

4/30/01 561-283-1884  
 Fax 283-1576

Date

Daytime Phone #

CR2E034 (10/00)

*Attached*  
*P96000014113**6282*

## Uniform Business Report

Page 1

Document Number

P96000014113

Business Entity Name

PALM BEACH SECURITY CONSULTANTS, INC.

FEI Number

650731863

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No*new/changed*

## Principal Place of Business

Address

11958 S.W. HAMLIN CT.

Suite, Apt. #, etc.

City, State

PALM CITY

FL

Zip Code &amp; Country

34490

US

## Mailing Address

Address

PO BOX 32698

Suite, Apt. #, etc.

City, State

PALM BEACH GARDENS

FL

Zip Code &amp; Country

33420

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

RODRIGUE

KERRY

P

Corporate Name

Address

11958 S.W. HAMLIN CT.

Suite, Apt. #, etc.

City, State

PALM CITY

FL

Zip Code &amp; Country

34990