

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000021589

1. Entity Name

D.N.C. SECURITY SERVICES, INC.

FILED

May 31, 2000 8:00 am
Secretary of State

05-31-2000 90030 004 ***158.75

Principal Place of Business

Mailing Address

~~106 COMMERCE WAY
STE A5
JUPITER FL 33458
US~~

~~106 COMMERCE WAY
STE A5
JUPITER FL 33458-8838
US~~

NEW ↓

2. Principal Place of Business

3. Mailing Address

700 US Hwy

← SAME

Suite, Apt. #, etc.

Suite B

City & State

NORTH PALM Bch, FL

Zip

33408

Country

USA

Zip

Country

City & State

City & State

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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0668418

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

BROSS, KIM E
106 COMMERCE WAY
BLDG. A, UNIT #5
JUPITER FL 33458

Name

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

City

FL

Zip Code

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, 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	P	<input type="checkbox"/> Delete
NAME	SLATER, DANIEL A	
STREET ADDRESS	106 COMMERCE WAY, BLDG. A, #5	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLATER, DANIEL A	
STREET ADDRESS	700 US Hwy 1, Suite B	
CITY-ST-ZIP	NORTH PALM Bch, FL 33408	
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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Kim E. Bross President

5-18-00

Date

561-863-5522

Daytime Phone #

CR21E034 (9/99)