

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90106 013 ***158.75

DOCUMENT # **P96000032743**
 1. Entity Name
Custom Security Specialists, Inc

Principal Place of Business Mailing Address

2. Principal Place of Business **1810 Hypoluxo Road** 3. Mailing Address **137 SE 15th Ave**

Suite, Apt., #, etc. **Suite D-8** Suite, Apt., #, etc. **S161**

City & State **LAKE WORTH, FL** City & State **Boynton Beach, FL**

Zip **33462** Country **USA** Zip **33435** Country **USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0662546** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

Kirk Friedland
501 South Flagler Drive
Suite 501
West Palm Beach, FL 33401

7. Name and Address of New Registered Agent

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 **N/A**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

5/5/2000
 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

TITLE **PRESIDENT, VP, TR, SEC** ☐ Delete
 NAME **RICHARD D. KRAFF**
 STREET ADDRESS **137 SE 15th Ave A-161**
 CITY-ST-ZIP **Boynton Beach, FL 33435**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Kraff May 5, 2000 561-662-0830
 Date Daytime Phone #

CR2E034 (9/99)