

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000034847**

1. Entity Name

INCOL SECURITY SERVICES, INC.**FILED**
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90027 041 ***150.00

Principal Place of Business

**24092 REDFISH COVE DR
PUNTA GORDA FL 33955
US**

Mailing Address

**24092 REDFISH COVE DR.
PUNTA GORDA FL 33955
US**

004160



DO NOT WRITE IN THIS SPACE

| | | | |
|---|---------|--|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 54-1118499 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

| | | | |
|---|--|--|----------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| COLEMAN, JAMES M 24092 REDFISH COVE DRIVE PUNTA GORDA FL 33955 | | 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 | TITLE | |
| NAME | JAMES M. COLEMAN | NAME | |
| STREET ADDRESS | 24092 REDFISH COVE DR | STREET ADDRESS | |
| CITY-ST-ZIP | PUNTA GORDA FL | CITY-ST-ZIP | |
| TITLE | ST | TITLE | |
| NAME | JOAN M COLEMAN | NAME | |
| STREET ADDRESS | 24092 REDFISH COVE DR | STREET ADDRESS | |
| CITY-ST-ZIP | PUNTA GORDA FL | CITY-ST-ZIP | |
| TITLE | VP | TITLE | |
| NAME | KERRY A COLEMAN | NAME | |
| STREET ADDRESS | 3349 FRANKLIN AVE | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | CITY-ST-ZIP | |
| TITLE | VP | TITLE | |
| NAME | JAMES D. COLEMAN | NAME | |
| STREET ADDRESS | 10696 WINFIELD LOOP | STREET ADDRESS | |
| CITY-ST-ZIP | MANASSAS VA | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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:

James M. Coleman **JAMES M. COLEMAN**

Date

01/09/01 941-505-2757

Daytime Phone #

CR2E034 (10/00)