

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000044848

1. Entity Name
A & C SECURITY, INC.

FILED
Jan 10, 2001 8:00 am
Secretary of State
01-10-2001 90004 024 ***150.00

Principal Place of Business
90 S. HIGHLAND B313
TARPON SPRINGS FL
34689

Mailing Address
P.O. BOX 2293
TARPON SPRINGS FL
34689

2. Principal Place of Business
90 S HIGHLAND
Suite, Apt. #, etc.
B 313

3. Mailing Address
PO BOX 2293
Suite, Apt. #, etc.
B

City & State
TARPON SPRINGS FL
Zip
34689
Country
USA

City & State
TARPON SPRINGS
Zip
34689
Country
PINELLAS



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3399840
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
FRUSTACI, JACKIE
90 S HIGHLAND AVE B313
TARPON SPRINGS FL 34689

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

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	
TITLE	DPST <input type="checkbox"/> Delete
NAME	FRUSTACI, JACKIE
STREET ADDRESS	90 S HIGHLAND B313
CITY-ST-ZIP	TARPON SPRINGS FL 34689
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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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: Jackie L. Frustaci JACKIE L. FRUSTACI 1/15/01 727-786-0340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)