

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000058470

1. Entity Name

SUPERVISION CCTV SYSTEMS INC.

FILED

May 03, 2000 8:00 am
Secretary of State

05-03-2000 90081 020 ***150.00

Principal Place of Business

Mailing Address

BEAUMONT CENTRE. STE. 600
TAMPA FL 33634

5421 BEAUMONT CENTRE. STE. 600
TAMPA FL 33634-5200

2. Principal Place of Business

10006 N. DALE Mabry

3. Mailing Address

10006 N. DALE Mabry

Suite, Apt. #, etc.

215

Suite, Apt. #, etc.

215

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33618

Country

Hillsborough

Zip

33618

Country

Hillsborough



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3389712

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIERKS, MILES M
5421 BEAUMONT CENTRE, STE. 600
TAMPA FL 33634

7. Name and Address of New Registered Agent

Name

MILES M. DIERKS

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

10006 N. DALE Mabry # 215

City TAMPA

FL

Zip Code 33618

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]

MILES M. DIERKS - Pres 4/29/00

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

TITLE	CANADIAN PRESIDENT	<input type="checkbox"/> Delete
NAME	DIERKS, MILES M	
STREET ADDRESS	4410 GOLF CLUB LANE	
CITY-ST-ZIP	TAMPA FL 33624	
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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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:

[Signature] MILES DIERKS - Pres. 8132492288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)