

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000026812

1. Entity Name

BOXER SECURITY, INC.

R

**FILED**  
**Jul 24, 2000 8:00 am**  
**Secretary of State**

07-24-2000 90006 025 \*\*\*150.00

Principal Place of Business

4630 SO. KIRKMAN RD., STE. 367  
ORLANDO FL 32811

Mailing Address

4630 SO. KIRKMAN RD., STE. 367  
ORLANDO FL 32811

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

59-3438798

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

HARI, TYLER S  
4630 SO. KIRKMAN RD., STE. 367  
ORLANDO FL 32811

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
HARI, TYLER S  
4630 SO KIRKMAN RD STE 367  
ORLANDO FL 32877 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*July 13, 2000* 407-521-9661  
Date Daytime Phone #

ATTACHMENT  
A99000026812  
DW18955

Thursday, July 13, 2000

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P. O. Box 1500  
Tallahassee, Florida 32302-1500

Subject:            2000 UNIFORM BUSINESS REPORT

Dear Sirs:

This is inform you that we **never received** the FIRST NOTICE of the subject Report. We phoned your offices to advise of this and we were instructed to write this letter and include our payment of \$150.00.

Our check for \$150.00 is herein enclosed.

Sincerely,

BOXER SECURITY, INC.



TYLER S. HARI  
President

Enclosure