

Jan 28, 2008 0
Secretary of

DOCUMENT # P97000053759

1. Entity Name

DAKOTA SECURITY INC.



Principal Place of Business

6330 62 ST N
PINELLAS PARK FL 33781

Mailing Address

6330 62 ST N
PINELLAS PARK FL 33781

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3463506

Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GROSS, FRED
6330 62 ST N
PINELLAS PARK FL 33781

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and fee, if applicable.

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

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T	☐ Delete
NAME	GROSS, PATRICIA	
STREET ADDRESS	6330 62ND ST N	
CITY-ST-ZIP	PINELLAS PARK FL 33781	

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CITY-ST-ZIP		

I certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information 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 10 or Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *Patricia Gross* PATRICIA GROSS

C-200

Date: 1-24-08

727-547-0033

12
CITY-STATE-ZIP
STREET ADDRESS
NAME
TITLE
SIGNATURE