

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90262 029 \*\*\*150.00

**DOCUMENT # P97000085209**

1. Entity Name  
**FLORIDA SECURITY ENFORCEMENT, INC.**

Principal Place of Business

~~7140 JAVA DRIVE~~  
**SARASOTA FL 34241**  
 US

Mailing Address

~~7140 JAVA DRIVE~~  
**SARASOTA FL 34241**  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4749 Country Oaks Blvd**

3. Mailing Address

**4749 Country Oaks Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SARASOTA FL**

City & State

**SARASOTA FL**

4. FEI Number **52-2082272**

Applied For  
 Not Applicable

Zip **34243**

Country ~~FLORIDA~~

Zip **34243**

Country ~~FLORIDA~~

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

**TURNER, CONNIE**  
~~7140 JAVA DR~~  
**SARASOTA FL 34241**

Name  
 Street Address (P.O. Box Number is Not Acceptable) **4749 Country Oaks Blvd.**  
 City **SARASOTA FL 34243**

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 **Connie Turner** **Connie Turner** **4-25-01**  
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 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	<input type="checkbox"/> Delete
P	TURNER, CONNIE	<del>7140 JAVA DR</del> <b>4749 Country Oaks Blvd.</b>	<del>SARASOTA FL 34241</del> <b>34243</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Connie Turner** **Connie Turner** **4/25/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)