2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044497

APPROVED AND FILED

00 FEB -7 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

BIG STAR SECURITY Service, Inc.

Principal Place of Business	Mailing Address
290 W WASHINGTON	
2. Principal Place of Business: MONTICELLO, Suite, Apt. #, etc.: 2, City & State: MONTICELLO, Zip: 32344, Country: JEFFERSON	3. Mailing Address: 290 W WASHINGTON, Suite, Apt. #, etc.: 2, City & State: FLA, Zip: 32344, Country: JEFFERSON

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3514316 ☐ 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
GLENN RICHARD RT 4 BOX 4758 MONTICELLO, FLA 32344	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: Richard Glenn 2-7-2000

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME STREET ADDRESS CITY-ST-ZIP	RICHARD GLENN RT 4 BOX 4758 MONTICELLO, FLA 32344 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEVEN GLENN RT 4 BOX 4758 MONTICELLO, FLA 32344 ☐ Change ☑ Addition
TITLE CS NAME STREET ADDRESS CITY-ST-ZIP	STEVEN GLENN RT 4 BOX 4758 MONTICELLO FLA 32344 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LESLEY GLENN RT 4 BOX 4758 MONTICELLO, FLA 32344 ☐ Change ☐ Addition
TITLE VD NAME STREET ADDRESS CITY-ST-ZIP	GARRETT PROCTOR RT 2 BOX 38 MONTICELLO, FLA 32344 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	DARRON ULEE RT 1 BOX 52AA MONTICELLO, FLA 32344 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003126541-9 -02/08/00--01001--022 ****150.00 ****150.00 ☐ Change ☐ Addition
TITLE V NAME STREET ADDRESS CITY-ST-ZIP	LESLEY GLENN RT 4 BOX 4758 MONTICELLO, FLA 32344 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003126541-9 -02/08/00--01001--023 ******8.75 ******8.75 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: Richard Glenn 2-7-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #