

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044497

1. Entity Name
BIG STAR SECURITY SERVICE, INC.

APPROVED
AND
FILED

01 JAN 22 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
290 WEST WASHINGTON
SUITE 2
MONTICELLO FL 32344

Mailing Address
290 WEST WASHINGTON
SUITE 2
MONTICELLO FL 32344

2. Principal Place of Business
290 WEST WASHINGTON
SUITE 2
MONTICELLO FL 32344

3. Mailing Address
290 WEST WASHINGTON
SUITE 2
MONTICELLO FL 32344

City & State
Monticello FL 32344

City & State
Monticello Florida

Zip
32344

Country
JERKSON

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
GLENN, RICHARD
ROUTE 4 BOX 4758
MONTICELLO FL 32344

7. Name and Address of New Registered Agent
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* 1/4/2001
(NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLENN, RICHARD		NAME	200003576502--1	
STREET ADDRESS	ROUTE 4 BOX 4758		STREET ADDRESS	-01/26/01--01055--002	
CITY-ST-ZIP	MONTICELLO FL 32344		CITY-ST-ZIP	***150.00 ***150.00	
TITLE	CS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLENN, STEVEN		NAME		
STREET ADDRESS	ROUTE 4 BOX 4758		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO FL 32344		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PROCTOR, GARRETT		NAME		
STREET ADDRESS	ROUTE 2 BOX 38		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO FL 32344		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ULEE, ARRON		NAME		
STREET ADDRESS	ROUTE 1 BOX 52AA		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO FL 32344		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLENN, LESLEY		NAME		
STREET ADDRESS	ROUTE 4 BOX 4758		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO FL 32344		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Richard Glenn* 1/4/2001 8997-4627 251-0151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)