

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90058 038 \*\*\*158.75

**DOCUMENT # P98000062990**

Entity Name

**1ST RESPONSE SECURITY SERVICES, INC.**

Principal Place of Business

**32ND STREET  
 FL 32805**

Mailing Address

**1538 LOST HOLLOW DRIVE  
 BRENTWOOD TN 37027**

Principal Place of Business

**5022 BRENDA DRIVE**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**ORLANDO, FLORIDA**

City & State

Zip

**32812**

Country

Zip

Country

4. FEI Number

**59-3522915**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GUSTIN, VICTOR J  
 718 32ND STREET  
 ORLANDO FL 32805**

7. Name and Address of New Registered Agent

Name

**VICTOR J. GUSTIN**

Street Address (P.O. Box Number is Not Acceptable)

**5022 BRENDA DRIVE**

City

**ORLANDO**

**FL**

Zip Code

**32812**

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

**4/28/00**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GUSTIN, VICTOR J</b>	
STREET ADDRESS	<b>718 32ND STREET</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32805</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HARRIS, ZACK</b>	
STREET ADDRESS	<b>305 SABAL PARK PLACE., #101</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P/T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUSTIN, VICTOR J.</b>	
STREET ADDRESS	<b>5022 BRENDA DR.</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32812</b>	
TITLE	<b>V/S/D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRIS, ZACK</b>	
STREET ADDRESS	<b>305 SABAL PARK PLACE, #101</b>	
CITY-ST-ZIP	<b>LONGWOOD, FL 32779</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/00**

Date

Daytime Phone #

**615-902-8359  
 407-937-0095**

CR2E034 (9/99)