

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90110 031 ***150.00

DOCUMENT # P98000065584

1. Entity Name

SECURITY PLUS & ASSOCIATES, INC.

Principal Place of Business

609 GARDEN STREET
 TITUSVILLE FL 32796
 US

Mailing Address

609 GARDEN STREET
 TITUSVILLE FL 32796-3007
 US

2. Principal Place of Business

3350 GARDEN ST.

Suite, Apt. #, etc.

TITUSVILLE

City & State

FLORIDA

Zip

32796

Country

US

3. Mailing Address

3350 GARDEN ST

Suite, Apt. #, etc.

TITUSVILLE

City & State

FLORIDA

Zip

32796

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3529764

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BRUNEAU, BARBETTE L
609 GARDEN STREET
TITUSVILLE FL 32796

7. Name and Address of New Registered Agent

Name **BRUNEAU, BARBETTE L.**

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

3305 GARDEN ST.

City

TITUSVILLE

FL

Zip Code

32796

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 **BARBETTE BRUNEAU**

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

(NOTE: Registered Agent signature required when reinstating)

Barbette BrunEAU

DATE

4/3/2000

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 **D** ☐ Delete
 NAME **BRUNEAU, LAWRENCE W**
 STREET ADDRESS **3115 NORFOLK STREET**
 CITY-ST-ZIP **MIMS FL 32754**

TITLE **D** ☐ Delete
 NAME **BRUNEAU, BARBETTE L**
 STREET ADDRESS **3115 NORFOLK STREET**
 CITY-ST-ZIP **MIMS FL 32754**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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: **Barbette BrunEAU**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321-269-0156

CR2E034 (9/99)