

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072221

1. Entity Name  
UNLIMITED CRIME PREVENTION, INC.

**FILED**  
**Aug 10, 2000 8:00 am**  
**Secretary of State**  
08-10-2000 90009 030 \*\*\*150.00

Principal Place of Business

~~7673 133 STREET NORTH~~  
~~SEMINOLE FL 33776~~

Mailing Address

~~7673 133 STREET NORTH~~  
~~SEMINOLE FL 33776~~

2. Principal Place of Business

9410 SEMINOLE BLVD

Suite, Apt. #, etc.

3. Mailing Address

9410 SEMINOLE BLVD

Suite, Apt. #, etc.

City & State

SEMINOLE

Zip

33772

Country

USA

City & State

SEMINOLE

Zip

33772

Country

USA

4. FEI Number

59-3547732

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, WILLIAM L  
7673 133 STREET NORTH  
SEMINOLE FL 33776

7. Name and Address of New Registered Agent

Name

SCOTT WILLIAM L

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

9410 SEMINOLE BLVD

City

SEMINOLE

FL

Zip Code

33772

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 SCOTT, WILLIAM L  
STREET ADDRESS 7673 133 STREET NORTH 9410 SEMINOLE BLVD  
CITY-ST-ZIP SEMINOLE FL 33772

TITLE D ☐ Delete  
NAME SCOTT, WILLIAM S  
STREET ADDRESS 7673 133 STREET NORTH 9410 SEMINOLE BLVD  
CITY-ST-ZIP SEMINOLE FL 33772

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ 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 REQUIRED

7-28-00

727-344-7847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

**Unlimited Crime Prevention, Inc.**  
**9410 Seminole Boulevard**  
**Seminole, FL 33772**  
**727-344-7847**  
**Fax 727-395-9395**

Attachment Doc#:

P980000072221  
A0072341

August 7, 2000

Division Of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

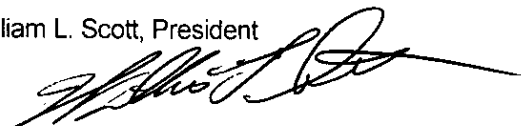
In reference to your letter inquiring as to why we had not filed our form for our Corporation License. In moving to a new office, we did not receive your first letter, so therefore we submit the following:

Enclosed is our check for \$150.00 , to bring the Corporation License up to date. Since we did not receive the first, we ask that you waive the \$550.00 amount.

Thank you for all that you may do for us.

Yours truly,

William L. Scott, President



WLS/bj

Encl; check, \$150.00