

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90049 022 ***158.75

DOCUMENT # P98000075121

1. Entity Name

INSTANT RESPONSE SECURITY, INC.

Principal Place of Business

Mailing Address

200 VIA LUGANO CIR.
 APT 211
 BOYNTON BCH FL 33436

SAME

2. Principal Place of Business

3. Mailing Address

200 VIA LUGANO CIR

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT 211

City & State

City & State

BOYNTON BCH FL

Zip

Country

Zip

Country

33436

PALE BCH

4. FEI Number

65-0858975

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

7. Name and Address of New Registered Agent

KENNETH M. KAEEL, P.A.
 555 N. CONGRESS AVE STE 301
 BOYNTON BCH FL 33426

Name

SIMON BARTLETT

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

200 VIA LUGANO CIR.

APT 211

City

BOYNTON BCH

FL

Zip Code

33436

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

Simon Bartlett

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-5-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
 NAME HALL, MARY B.
 STREET ADDRESS 3754 DORSET AVE
 CITY-ST-ZIP BOYNTON BCH FL 33436 ☒ Delete

TITLE VTD
 NAME HALL, DALE R.
 STREET ADDRESS 3754 DORSET AVE
 CITY-ST-ZIP BOYNTON BCH FL 33436 ☒ Delete

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

TITLE PSD
 NAME BARTLETT, SIMON
 STREET ADDRESS 200 VIA LUGANO CIR
 CITY-ST-ZIP BOYNTON BCH FL 33436 ☐ Change ☐ Addition

TITLE VTD
 NAME ~~BARTLETT~~ BARTLETT, ERICA
 STREET ADDRESS 200 VIA LUGANO CIR
 CITY-ST-ZIP BOYNTON BCH FL 33436 ☐ Change ☐ Addition

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 employees.

SIGNATURE

Simon Bartlett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-5-2000

Date

543-8463

Daytime Phone #

CR2E034 (9/99)