

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000087679**

1. Entity Name

SECURITY OPERATIONS & SOLUTIONS, INC.**FILED**
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90044 007 ***150.00

Principal Place of Business

Mailing Address

**1900 ROCKLEDGE BLVD STE 3
ROCKLEDGE FL 32955****1900 ROCKLEDGE BLVD
STE 3
ROCKLEDGE FL 32955-3723**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3539409

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****SCHARFENBERG, WILLIAM E
1900 ROCKLEDGE BLVD STE 3
ROCKLEDGE FL 32955**

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

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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	P			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	SCHARFENBERG, WILLIAM E	944 PELICAN LANE	ROCKLEDGE FL 32955							
	V			<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	SINGLETON, ANTHONT F	4120 ALAN SHEPHARD AVE	COCOA FL 32926							
	T			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	REMENTER, CALVIN J	4635 CARYSBROOK CT	COCOA FL 32927							
	V			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	BALE, WILLIAM D	9 CAPE SHORES BLVD -APT I	CAPE CANAVERAL FL 32920							
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: Calvin J. Rementer **REMENTER, CALVIN J.** 20 April 00 (321) 636-8011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)