

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 21, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000033095**1. Entity Name
NATIONWIDE SECURITY, INC.

Principal Place of Business

11850 NW 116 STREET

BRONSON
32621

FL

Mailing Address

11850 NW 116 STREET

BRONSON
32621

FL

2. Principal Place of Business

11850 NE 116 STREET

3. Mailing Address

P.O. BOX 1297-1297

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ARCHER

FL

City & State

BRONSON

FL

4. FEI Number

59-3567913

Applied For

Not Applicable

Zip
32618-633Country
LYZip
32621Country
LY5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSE DAVID J
11850 NW 116 STREETBRONSON FL
32621

7. Name and Address of New Registered Agent

Name

ROSE DAVID JP

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

11850 NE 116 STREET

City
ARCHER

FL

Zip Code
32618-633

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 **DAVID J. ROSE**

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

(NOTE: Registered Agent signature required when reinstating)

01/21/2001

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, 2001 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	<input type="checkbox"/> Delete
NAME	ROSE MARGARET	
STREET ADDRESS	11850 NW 116 STREET	
CITY-ST-ZIP	BRONSON FL 32621	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSE DAVID J	
STREET ADDRESS	11850 NW 116 STREET	
CITY-ST-ZIP	BRONSON FL 32621	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE MARGARET	
STREET ADDRESS	11850 NE 116 STREET	
CITY-ST-ZIP	ARCHER FL 32618-633	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE DAVID J	
STREET ADDRESS	11850 NE 116 STREET	
CITY-ST-ZIP	ARCHER FL 32618-633	
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: **DAVID J. ROSE**

P

01/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)