

# 2000 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT #

P99000036179

1. Entity Name

Ultimate Security & INVESTIGATIONS, INC.

#61.25

FILED

00 DEC -5 AM 9:09

Principal Place of Business

Mailing Address (same)

1217 So. MILITARY TRAIL Suite B  
West Palm Beach, Florida 33415-4600

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

Palm Beach County

3. Mailing Address

1217 So. MILITARY TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

City & State

City & State

West Palm Beach -

4. FEI Number

EIN 65-0912959

Applied For

Not Applicable

Zip

Country

Zip

Country

33415-4600 Palm Beach

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

IBRAHIM (ABE) JARDINES  
1217 So. MILITARY TRAIL Suite B  
West Palm Beach, Florida 33415-4600

7. Name and Address of New Registered Agent

Name

No change -

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

IBRAHIM JARDINES - President - Ibrahim Jardines 11/30/00

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)

Not owed

FILE NOW!!! FEE IS \$150.00.

After MAY 1, 2000 Fee will be \$250.00.

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	IBRAHIM JARDINES	
STREET ADDRESS	1207 CAMPROCK ROAD	
CITY-ST-ZIP	West Palm Beach, FL. 33417	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	IBRAHIM JARDINES	
STREET ADDRESS	1207 CAMPROCK ROAD	
CITY-ST-ZIP	West Palm Beach, FL. 33417	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800003505678--S	
STREET ADDRESS	-12/19/00--01050--001	
CITY-ST-ZIP	*****70.00 *****70.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY E. POTTS - Vice Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	12271 68th St North	
CITY-ST-ZIP	West Palm Beach, FL. 33412	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY E. POTTS	
STREET ADDRESS	12271 68th St North	
CITY-ST-ZIP	West Palm Beach, FL. 33412	
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:

IBRAHIM JARDINES - President 11/30/00 561-649-1998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)