

2000 UNIFORM BUSINESS REPORT (UBR) Amended

\$61.25

DOCUMENT # **P99000030179**
 1. Entity Name **Ultimate Security & INVESTIGATIONS, INC.**

FILED

00 DEC -5 AM 9:09

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address (same)
1217 So. MILITARY TRAIL SUITE B
West Palm Beach, Florida 33415-4600

2. Principal Place of Business **Palm Beach County** 3. Mailing Address **1217 So. MILITARY TRAIL**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE B

DO NOT WRITE IN THIS SPACE

City & State **West Palm Beach -** 4. FEI Number **EIN 65-0912959** Applied For
 Not Applicable
 Zip **33415-4600** Country **Palm Beach** 5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 site 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.
STREET ADDRESS	12271 68th St North
CITY-ST-ZIP	West Palm Beach, FL. 33412
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SECRETARY
STREET ADDRESS	GARY E. POTTS
CITY-ST-ZIP	12271 68th St North
CITY-ST-ZIP	West Palm Beach, FL. 33412
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1178
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** **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)