

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038653

1. Entity Name

THIRTY NINE SECURITY, INC.

**FILED**  
**May 25, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90327 014 \*\*\*150.00

Principal Place of Business

1050 98TH ST. #6  
 BAY HARBOR ISLANDS FL 33154

Mailing Address

1050 98TH ST. #6  
 BAY HARBOR ISLANDS FL 33029-3678

47139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0911754

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

LOCKE, JOSEPH  
 1050 98TH ST. #6  
 BAY HARBOR ISLANDS FL 33154

7. Name and Address of New Registered Agent

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.

(NOT : Registered Agent signature required when reinstating)

Joseph E. Locke

4/29/01

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 ☐ Delete  
 NAME LOCKE, JOSEPH  
 STREET ADDRESS 1050 98TH ST. #6  
 CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154

TITLE Treasurer ☐ Delete  
 NAME Dana Locke  
 STREET ADDRESS 18316 NW 6th St.  
 CITY-ST-ZIP Pembroke Pines, FL 33029

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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  
 indicated on this report or supplemental report is true and accurate and that  
 of the corporation or the receiver or trustee empowered to execute this report  
 changed, or on an attachment with an address, with all other like empowered

the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information  
 by signature shall have the same legal effect as if made under oath; that I am an officer or director  
 as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph E. Locke 4/29/01 (954) 441-9439

Date

Daytime Phone #

CR2E034 (9/99)