

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042055

1. Entity Name

FULL PERIMETER SECURITY, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90075 023 ***150.00

Principal Place of Business

2820 MICHIGAN AVENUE
SUITE B
KISSIMMEE FL 34744

Mailing Address

2820 MICHIGAN AVENUE
SUITE B
KISSIMMEE FL 34743-9518

2. Principal Place of Business

707 Royal Palm Dr.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 452323
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Kissimmee, FL

City & State

Kissimmee, FL

4. FEI Number

59-3574654

Applied For

Not Applicable

Zip

34743

Country

Zip

34745

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Blanche Butler

Street Address (P.O. Box Number is Not Acceptable)
707 Royal Palm Dr.

City Kissimmee

FL

Zip Code 34743

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 Blanche Butler

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

(NOTE: Registered Agent signature required when reinstating)

2-17-00

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BUTLER, WESLEY J JR.	
STREET ADDRESS	2820 MICHIGAN AVENUE	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BUTLER, BLANCHE	
STREET ADDRESS	2820 MICHIGAN AVENUE	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	STD	<input type="checkbox"/> Delete
NAME	JESS, RUSSELL W	
STREET ADDRESS	2820 MICHIGAN AVENUE	
CITY-ST-ZIP	KISSIMMEE FL 34744	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	707 Royal Palm Dr.	
CITY-ST-ZIP	Kissimmee, FL 34743	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	707 Royal Palm Dr.	
CITY-ST-ZIP	Kissimmee, FL 34743	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	707 Royal Palm Dr.	
CITY-ST-ZIP	Kissimmee, FL 34743	
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:

Blanche Butler

2-17-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 1012 (1/99)