

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063984

1. Entity Name

Video Central Monitoring, Inc

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90056 024 ***150.00

Principal Place of Business

Mailing Address

2115 10th Avenue N
Lake Worth, FL 33461

00048498

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake Worth, FL

4. FEI Number

65-0939058

Applied For

Not Applicable

Zip

Country

Zip

33461

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Seth Callahan

Name Jeff Berkoff

2115 10th Avenue N

Lake Worth, FL 33461

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

2115 10th Avenue N

City Lake Worth

FL

Zip Code

33461

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Jeff Berkoff, Pres.

4/20/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Delete
NAME	Seth Callahan
STREET ADDRESS	2115 10 th Avenue N
CITY-ST-ZIP	Lake Worth, FL 33461
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	
TITLE	<input type="checkbox"/> Delete
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 checked="" type="checkbox"/> Addition
NAME	PD Jeff Berkoff
STREET ADDRESS	2115 10 th Avenue N
CITY-ST-ZIP	Lake Worth, FL 33461
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VO Robert Teso
STREET ADDRESS	2115 10 th Avenue N
CITY-ST-ZIP	Lake Worth, FL 33461
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TD Jack Tare
STREET ADDRESS	2115 10 th Avenue N
CITY-ST-ZIP	Lake Worth, FL 33461
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S Peter Tremblay
STREET ADDRESS	2115 10 th Avenue N
CITY-ST-ZIP	Lake Worth, FL 33461
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:

Peter Tremblay, Peter Tremblay

4/20/00

Date

Daytime Phone #

(561) 588-1103

CR2E034 (9/99)