

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91166 010 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071673

1. Entity Name

Sanron Security Company, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2604 Winding Way

Room, Apt. #, etc.

Palm Harbor, FL 34683

City & State

3. Mailing Address

2604 Winding Way

Room, Apt. #, etc.

Palm Harbor, FL 34683

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

593596846

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ronald F. Hackney Sr.

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

2604 Winding Way

Palm Harbor

City

FL

34683
Zip Code

DO NOT WRITE
IN THIS SPACE

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 resigning)

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so
under criteria on back ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$51.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

President
Ronald F. Hackney Sr.
2604 Winding Way
Palm Harbor, FL 34683

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #