

2001 UNIFORM BUSINESS REPORT (UBR)

PG 1 of 2
APPROVAL 8

FILED
Aug 13, 2001 8:00 A
Secretary of State

DOCUMENT # P99000076145

1. Entity Name
UNIT ONE SECURITY, INC.

Principal Place of Business
**10621 MONACO DRIVE, #43
JACKSONVILLE FL 32218**

Mailing Address
**11412 HARTS ROAD
JACKSONVILLE FL 32218**

(LA)



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3586859**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REDMON, TOLLIE R
10621 MONACO DRIVE, #43
JACKSONVILLE FL 32218**

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.

(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)

**FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PS** ☐ Delete
NAME **REDMON, TOLLIE R**
STREET ADDRESS **10621 MONACO DRIVE, #43**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **VT** ☐ Delete
NAME **REDMON, SHARON G**
STREET ADDRESS **10621 MONACO DRIVE, #43**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **D** ☐ Delete
NAME **TIGGS, HERBERT C**
STREET ADDRESS **2603 VILLA CIRCLE**
CITY-ST-ZIP **NORFOLK VA 23504**

TITLE **D** ☐ Delete
NAME **TIGGS, SHAWN P**
STREET ADDRESS **2603 VILLA CIRCLE**
CITY-ST-ZIP **NORFOLK VA 23504**

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 **400004540504**
STREET ADDRESS **-08/17/01--01076--004**
CITY-ST-ZIP ******150.00 ****150.00**

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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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 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-19-01

Date

984 714-3600

Daytime Phone #

Attachment

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76961

July 19, 2001

Dear, State department

Upon sending the Uniform Business Report, the check was sent and the report was left behind. When I recognized this error I sent the form and attached a letter with it explaining what had happen. I received a letter in the mail explaining that the report to this day has never been filed. So I explain to them that the check had been cashed so where did the money go? I was told to send a copy of the check and return the report with it, I do hope this will correct the error. If you need further information please contact us at (904) 714-3600.

Thank you,

Tollie R. Redmon, CEO
Unit One Security, Inc

DIVISIONS OF FLORIDA DEPARTMENT OF STATE

Office of the Secretary
Office of International Relations
Division of Elections
Division of Corporations
Division of Cultural Affairs
Division of Historical Resources
Division of Library and Information Services
Division of Licensing
Division of Administrative Services



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF LICENSING

DPy 283

MEMBER OF THE FLORIDA CABINET

State Board of Education
Trustees of the Internal Improvement Trust Fund
Administration Commission
Florida Land and Water Adjudicatory Commission
Siting Board
Division of Bond Finance
Department of Revenue
Department of Law Enforcement
Department of Highway Safety and Motor Vehicles
Department of Veterans' Affairs

\$	in Key Code
\$	in Key Code
\$	in Key Code
\$	in Key Code

29 May 2001

Redmon, Sharon G.
11412 Harts Road
Jacksonville, FL 32218

REF#: D 9914242
SSN: 267259227

RE: Notice of Error or Omission

Dear Ms. Redmon:

We are unable to process your renewal application for the following reason(s):

One full frontal-view color photograph taken within the preceding six months must be submitted. See enclosed photograph information sheet for specific instructions.

Please return the above-specified item(s) with a copy of this letter within 30 days from the date of this letter. Please be advised that failure to do so will result in denial of your application and forfeiture of fees. To apply for licensure after denial, you must submit a new application, necessary documentation and applicable fees.

In accordance with Section 493.6113(6), Florida Statutes, you are not authorized to perform services regulated under Chapter 493 if your Class "D" license has expired.

If you have any questions regarding this matter, please call our **Public Inquiry Section** at (850) 488-5381. A Service Representative will be happy to assist you.

Beverly Threats, Supervisor
Public Inquiry Section
Bureau of License Issuance

BT/BF

cc: Employer