

**2001 UNIFORM BUSINESS REPORT (UBR)**

APPROVED *PS 1/82*

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

|   |  |
|---|--|
| <b>DOCUMENT # P99000076145</b>  |  |
| 1. Entity Name<br><b>UNIT ONE SECURITY, INC.</b>  |  |
| Principal Place of Business<br><b>10621 MONACO DRIVE, #43<br/>JACKSONVILLE FL 32218</b> | Mailing Address<br><b>11412 HARTS ROAD<br/>JACKSONVILLE FL 32218</b> |
| 2. Principal Place of Business  | 3. Mailing Address   |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.  |
| City & State  | City & State   |
| Zip   | Country  |



DO NOT WRITE IN THIS SPACE

|  |  |  |
|--|--|--|
| 4. FEI Number <b>59-3586859</b>  |  | Applied For  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$8.75</b> Additional Fee Required              |
| 6. Name and Address of Current Registered Agent<br><b>REDMON, TOLLIE R<br/>10621 MONACO DRIVE, #43<br/>JACKSONVILLE FL 32218</b> |  | 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|  |  |   |                                    |
|--|--|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$550.00</b><br><b>After September 12, 2001 Fee will be \$750.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|--|--|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PS<br/>REDMON, TOLLIE R<br/>10621 MONACO DRIVE, #43<br/>JACKSONVILLE FL 32218</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>400004540504</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>-08/17/01--01076--004</b><br><b>***150.00 ***150.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VT<br/>REDMON, SHARON G<br/>10621 MONACO DRIVE, #43<br/>JACKSONVILLE FL 32218</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>TIGGS, HERBERT C<br/>2603 VILLA CIRCLE<br/>NORFOLK VA 23504</b> <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>TIGGS, SHAWN P<br/>2603 VILLA CIRCLE<br/>NORFOLK VA 23504</b> <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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: *Yal...* **SIGNATURE REQUIRED** *9-19-01* *964 714-3600*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2004 (001)

Attachment

pg 373

Doc. # PA99000026145

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

APy 283

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



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

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF LICENSING

|    |             |
|----|-------------|
| \$ | 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