

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093958

1. Entity Name
SPEC GUARD, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State
04-21-2000 90005 009 ***158.75

Principal Place of Business
127 W. FAIRBANKS AVENUE
SUITE 434
WINTER PARK FL 32789

Mailing Address
127 W. FAIRBANKS AVENUE
SUITE 434
WINTER PARK FL 32789-4312



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3619858		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent BLEDSOE, LARRY E 127 W. FAIRBANKS AVENUE SUITE 434 WINTER PARK FL 32789				7. Name and Address of New Registered Agent Name BURL M DRENNEN Street Address (P.O. Box Number is Not Acceptable) 127 W FAIRBANKS AVE SUITE 434 City WINTER PARK FL Zip Code 32789			
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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 Burl M. Drennen President April 1, 2000
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. ☐ **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	PSTD	<input checked="" type="checkbox"/> Delete		TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLEDSOE, LARRY E			NAME	DRENNEN BURL M		
STREET ADDRESS	127 W. FAIRBANKS AVENUE, SUITE 434			STREET ADDRESS	127 W FAIRBANKS AVE SUITE 434		
CITY-ST-ZIP	WINTER PARK FL 32789			CITY-ST-ZIP	WINTER PARK FL 32789		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Burl M. Drennen President April 1, 2000 407-694-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)