

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90014 040 \*\*\*150.00

DOCUMENT # P99000097626

1. Entity Name

PROFESSIONAL RISK & INDUSTRIAL SECURITY MITIGATI

Principal Place of Business

Mailing Address

MERIDIAN AVENUE  
 OFFICE BOX 281  
 CITY FL 33526-0281

37640 MERIDIAN AVENUE  
 POST OFFICE BOX 231  
 DADE CITY FL 33526-0281

00000011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Same As Above  
 Suite, Apt. #, etc.

Same As Above  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3607605

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

Zip Country  
 33525 Pasco

Zip Country  
 33526-0281 Pasco

6. Name and Address of Current Registered Agent

COLLURA, F J  
 37640 MERIDIAN AVENUE  
 DADE CITY FL 33526

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

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 \$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

| TITLE           | NAME            | STREET ADDRESS     | CITY-ST-ZIP        | <input type="checkbox"/> Delete |
|-----------------|-----------------|--------------------|--------------------|---------------------------------|
| Director - Pres | F J Collura     | 37640 Meridian Ave | Dade City FL 33525 | <input type="checkbox"/>        |
| Director - Sec  | Charles E. Teer | 37640 Meridian Ave | Dade City FL 33525 | <input type="checkbox"/>        |
| TITLE           | NAME            | STREET ADDRESS     | CITY-ST-ZIP        | <input type="checkbox"/> Delete |
| TITLE           | NAME            | STREET ADDRESS     | CITY-ST-ZIP        | <input type="checkbox"/> Delete |
| TITLE           | NAME            | STREET ADDRESS     | CITY-ST-ZIP        | <input type="checkbox"/> Delete |
| TITLE           | NAME            | STREET ADDRESS     | CITY-ST-ZIP        | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE   | NAME  | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|---|----------------|-------------|---------------------------------|-----------------------------------|
| TITLE <td>NAME <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> </td> | NAME <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE <td>NAME <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> </td> | NAME <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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CR2E034 (9/99)

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 empowerment.

SIGNATURE:

*SIGNATURE REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/2000

Date

(352) 518-03M

Daytime Phone #