2001 UNIFORM BUSI	NESS REPO	RT (UBR)	A12/2/20 11
DOCUMENT # P990	W 104835	gas 1	APPROVEQ AND FILED
Principal Place of Business Marting Address SECCETTER SECURITY SERVICES 1-01 OCT 22 AM 10: 06			
7667 WEST 3	somple x	3040	SECRETARY OF STATE TALLAHASSEE, FLORIDA
#160 conn	SPRINCE	FL 330	45
2. Principal Place of Business	3. Mailing Address	i	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	City & State		4. FEI Number Applied For Not Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired Search Fee Required
6. Name and Address of Current I		Name	7. Name and Address of New Registered Agent
SCATT PARSO,		Street Addre	ess (P.O. Box Number is Not Acceptable)
7603 W.W. 4		Street Address	11-1-
· · · · · · · · · · · · · · · · · · ·			FL Zip Code
CORAL SPRING		ر خ	FL
8. The above named entity submits this statement for	the purpose of changing its	registered office or reg	istered agent, or both, in the state of ribilitia.
SIGNATURE Signature, typed or printed name at redistered agent a	and title if applicable. (NOTE	: Registered Agent signature re-	guired when reinstaling) DATE
9. This corporation is eligible to satisfy its Intangible J Tax filing requirement and elects to do so. (See criteria on back)	After MAY 1, 20	!! FEE IS \$150.00 01 Fee will be \$550. le to Department of	
11. OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME SIREET ADDRESS CITY-ST-ZIP COMM 2 SPRING	13 NOST.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OOOO46709010-2 -11/07/0101054007 ****150.00 ****150.00 Change Addition
THE UT June Pare NAME STREET ADDRESS 7603 NW 4	Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition ☐ S
CITY-ST-ZIP CORNE SPRIN			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	Delete	NAME /	
CITY-ST-ZIP	Delete-	TITLE	
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP	E) out	CITY-ST-ZIP TITLE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	_ January _ notified
13. hereby certify that the information supplied with	strue and accurate and that rowered to execute this report	ny signature shall have as required by Chapte	in Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director r 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

NG OFFICER OR DIRECTOR

PARADISÉ SECURITY SERVICES (7667 WEST SAMPLE ROAD #160 CORAL SPRINGS, FL 33065

DIVISION OF CORPORATIONS P.O. BOX 1500 TALLAHASEE, FL 32302-1500

TO WHOM IT MAY CONCERN,

I RECENTLY CONTACTED THE MAIN OFFICE OF THE DIV. OF CORP. THIS IS IN REFFERENCE TO THE RETURNED DOCUMENTS ENCLOSED. I WAS TOLD TO RETURN THE UNIFORM BUSINESS REPORT FILLED OUT PROPERLY, AN OVERSIGHT BY MY ACCOUNTANT.

I WAS INFORMED THAT I SHOULD INCLUDE THIS LETTER OF EXPLANATION AND TO RETURN THE DOCUMENTS AND THE ORIGINAL CHECK.

I WAS DELAYED IN RICHMOND ON A LONG BUSINESS TRIP AND WAS CAUGHT UNABLE TO FLY LAST WEEK. YOU CAN DEPOSIT THE ORIGINAL CHECK #1578, THIS WILL KEEP MY LEDGER STRAIGHT. THANK YOU FOR YOUR ASSISTANCE.

SCOTT PARADISE

PARADISE SECURITY SERVICES INC. 10-17-01

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