

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105151

1. Entity Name
PINE TREE SECURITY CONSULTING, INC.

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90096 001 ***150.00

00036600



DO NOT WRITE IN THIS SPACE

Principal Place of Business
625 SOUTH WIND CIRCLE
UNIT #103
NORTH PALM BEACH FL 33408

Mailing Address
625 SOUTH WIND CIRCLE
UNIT #103
NORTH PALM BEACH FL 33408

2. Principal Place of Business
625 Southwind Cir.
Suite, Apt. #, etc.
103

3. Mailing Address
625 Southwind Cir.
Suite, Apt. #, etc.
103

City & State
N. Palm Beach Fl.

City & State
N. Palm Beach, Fl.

Zip
33408

Country
U.S.

Zip
33408

Country
U.S.

4. FEI Number
65-0965989

Applied For
Not Applicable

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 _____
(NOTE: Registered Agent signature required when reinstating)

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP

PTD
ROY, ARTHUR R
625 SOUTH WIND CIRCLE UNIT #103
NORTH PALM BEACH FL 33408

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SVD
ROY, NANCY G
625 SOUTH WIND CIRCLE UNIT #103
NORTH PALM BEACH FL 33408

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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: Arthur R. Roy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-01 688-4083
Date Daytime Phone #

CR2E034 (10/00)