2000 UNIFORM BUSINESS REPORT (UBR)

Apr 21, 2000 8:00 am Secretary of State DOCUMENT # **S05072** 1. Entity Name MOTIVATED SECURITY SERVICES.INC. 04-21-2000 90120 013 ***150.00 Principal Place of Business Mailing Address 1700 UPLAND ROAD 1700 UPLAND ROAD WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409-6426 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0221344 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Neme CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code FL 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD ☐ Addition Change TITLE ☐ Delete TITLE KAVANAUGH, KATHLEEN M NAME NAME 27 WARREN 57. 1700 UPLAND ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33409 CITY-ST-ZIP 08876 SOMERVILLE Addition H Change TIT! F TITLE ☐ Delete KAVANAUGH III. DANIEL E NAME NAME 1700 UPLAND ROAD STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP CITY-ST-7IP SOM KRUILUK ☐ Addition TITLE ☐ Delete TITLE LEAHY, GERARD E NAME NAME 19502 TRAILS END TERR STREET ADDRESS STRÉET ADDRESS CITY-ST-ZIP Jupiter FL CITY-ST-ZIP Change Addition TITLE TITLE Delete COBEN. DONALD A NAME NAME TERRA MERE STREET ADDRESS 5526 AINSLEY CT STREET ADDRESS 33 437 CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33437** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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. GERALD E. LEANY UP/TREA. 3/20/00 St. 1 683 5300
FICER OR DIRECTOR

Data

Data SIGNATURE:

13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR