## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # V44123** Mar 07, 2000 8:00 am Secretary of State 1. Entity Name ALL STAR SECURITY, INC. 03-07-2000 90061 016 \*\*\*150.00 Principal Place of Business Mailing Address ALLISTAD SECURITY INC ALLSTAR SECURITY INC E 128TH AVE 911 E 128TH AVE TAMPA FL 33612-3549 1AMPA FL 33612 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3131483 Not Applicable Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRADDOCK, STEVEN C. Street Address (P.O. Box Number is Not Acceptable) 911 E 128TH AVE **TAMPA FL 33612** Zip Code City FI 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 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. $\Box$ Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition Delete TITLE Change TITLE BRADDOCK, STEVEN C NAME NAME 911 E 128TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE tampa fl ☐ Addition TITLE ☐ Change □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE шь NAME STREET ADDRESS SINCE ADDRESS TT ST ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE 11111 NAME STREET ADDRESS SIBER ADDRESS CITY-ST-ZIP ST-71P i3. Thereby certify that the information supplied with this filling do is 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 act beate and that my significure 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 in changed, or on an attachment with an address, with all other like empowered. Ge shall have the same legal effect as if made under oath; that I am an officer or director ed by Chapter 607, Florida Statules; and that my name appears in Block 11 or Block 12 if

president

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-977-1711

Daytime Phone #

3-1-00

Date