

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90074 026 ***150.00

DOCUMENT # V56471

1. Entity Name

STATEWIDE SECURITY OF FLORIDA, INC.

Principal Place of Business

Mailing Address

5600 TRAIL BLVD.
 SUITE 4
 NAPLES FL 34108
 US

5600 TRAIL BLVD.
 SUITE 4
 NAPLES FL 34108-2860
 US

2. Principal Place of Business

3. Mailing Address

5567 TAYLOR Rd

5567 TAYLOR Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 16

Suite 16

City & State

City & State

NAPLES FL

NAPLES FL

Zip

Country

Zip

Country

34109

Collier

34109

Collier



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0357913

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

WELTY, RICHARD J
 354 TRADEWINDS AVE.
 NAPLES FL 34108

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

Richard J Welty

4/27/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Delete
NAME	WELTY, RICHARD J	
STREET ADDRESS	354 TRADEWINDS AVE	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Richard J Welty
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00
 Date

941-598-3800
 Daytime Phone #

CR2PF034 (9/99)