## 2000 UNIFORM BUSINESS REPORT (UBR)

## May 24, 2000 8:00 am Secretary of State DOCUMENT # 581991 1. Entity Name K-9 SENTRY SERVICES, INC. 05-24-2000 90094 009 \*\*\*150.00 Mailing Address Principal Place of Business 4468 TORTOISE ROAD 4468 TORTOISE ROAD VENICE FL 34293 VENICE FL 34293-5962 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1907432 Not Applicable Country \$8.75 Additional Zip 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 LATTANZIO, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 4468 TORTOISE ROAD **VENICE FL FL 33595** 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 Signature, typed or printed name of registered agent and title if applicable. (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. 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. 11. PST ☐ Change ☐ Addition TITLE ☐ Delete TITLE LATTANZIO, ROBERT J NAME NAME STREET ADDRESS STREET ADDRESS 4468 TORTOISE RD CITY-ST-7IP CITY-ST-ZIP VENICE FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE LATTANZIO, ROBERT J NAME NAME STREET ADDRESS STREET ADDRESS 4468 TORTOISE RD CITY-ST-ZIP CITY-ST-ZIP **VENICE FL** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with an address with all other like empowered.

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Cettruzio 4/29/00 (911-493-078

FILED