

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F83397

1. Entity Name

NUTECH FIRE AND SECURITY, INC.

R

FILED

Jul 19, 2000 8:00 am  
Secretary of State

07-19-2000 90013 022 \*\*\*150.00

Principal Place of Business

4747 HOLLYWOOD BLVD., SUITE 103  
P. O. BOX 7028  
HOLLYWOOD FL 33081

Mailing Address

4747 HOLLYWOOD BLVD., SUITE 103  
P. O. BOX 7028  
HOLLYWOOD FL 33081

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2205766

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DETARDO, GREG  
4747 HOLLYWOOD BLVD  
SUITE 103  
HOLLYWOOD FL 33021

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>DETARDO, GREG<br>4747 HOLLYWOOD BLVD #103<br>HOLLYWOOD FL <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/00 407-628-1600  
Date Daytime Phone #

CR2E034 (5/00)

F83397

A0068207



Professional Consultants  
Asset Protection Management  
State Licensed #EF0000191  
UL Listing #S5262  
UL Listing #BP8754  
UL Listing #BP8609

July 11, 2000

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Uniform Business Report  
Document #F83397

Dear Sir or Madam:

We are in receipt of your UBR Report application for NuTech Fire & Security, Inc. Enclosed is the executed copy of the report and our check in the amount of \$150.00 in order for this application to be processed.

I was in contact with Shawn, your representative, on Monday, July 10, 2000 explaining that we had never received the original document that was mailed in January 2000. He advised us to send our check for \$150.00 with the application and it would be processed accordingly.

If you have any questions, please contact us at 407/628-1600.

Sincerely,

A handwritten signature in dark ink, appearing to read "Mary G. Clifton", is written over a horizontal line.

Mary G. Clifton  
Controller

MGC/m  
enclosures

Orlando (407) 628-1600

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