

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90216 029 ***150.00

DOCUMENT # F83397 1. Entity Name NUTECH FIRE AND SECURITY, INC.		May 14, 2002 8:00 am Secretary of State 05-14-2002 90216 029 ***150.00	
Principal Place of Business 4747 HOLLYWOOD BLVD.. SUITE 103 HOLLYWOOD FL 33021		Mailing Address 4747 HOLLYWOOD BLVD.. SUITE 103 HOLLYWOOD FL 33021	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
		4. FEI Number 59-2205766 Applied For Not Applicable	
		5. Certificate of Status Desired 8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DETARDO, GREG 4747 HOLLYWOOD BLVD SUITE 103 HOLLYWOOD FL 33021		7. Name and Address of New Registered Agent 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 \$150.00 After May 1, 2002 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 TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-26-02 407-628-1600 Date Daytime Phone #	