2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State
01-27-2003 90366 042 ***150.00

DOCUMENT # F83397

1. Entity Name
NUTECH FIRE AND SECURITY, INC.

Principal Place of Business	Mailing Address
4747 HOLLYWOOD BLVD.. SUITE 103	4747 HOLLYWOOD BLVD.. SUITE 103
HOLLYWOOD FL 33021	HOLLYWOOD FL 33021

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
234 Detmar Dr.	234 Detmar Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Park, FL	City & State: Winter Park, FL
Zip: 32789 Country: USA	Zip: 32789 Country: USA

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: DeTardo, Greg
Street Address (P.O. Box Number is Not Acceptable): 234 Detmar Dr.
City: Winter Park, FL Zip Code: 32789

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	President	☐ Change ☐ Addition
NAME	DETARDO, GREG		NAME	DeTardo, Greg	
STREET ADDRESS	4747 HOLLYWOOD BLVD #103		STREET ADDRESS	234 Detmar Dr.	
CITY-ST-ZIP	HOLLYWOOD FL		CITY-ST-ZIP	Winter Park, FL 32789	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/20/03 407-466-9912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #