

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 17, 2001 8:00 am**  
**Secretary of State**

08-17-2001 90005 032 \*\*\*550.00

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**DOCUMENT # F94000004164**

1. Entity Name  
**EXECUTIVE SECURITY & ENGINEERING TECHNOLOGIES, I**

Principal Place of Business <b>1975 EAST SUNRISE BLVD                  #615                  FT. LAUDERDALE FL 33304                  US</b>	Mailing Address <b>4501 FORD AVE                  SUITE 1100                  ALEXANDRIA VA 22302                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address <b>1320 Fenwick Lane</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>105</b>

City & State <b>Silver Spring, Md.</b>	4. FEI Number <b>52-1399990</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>20910</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**NATIONSCORP REGISTERED AGENTS, INC.  
 526 EAST PARK AVENUE, STE 200  
 TALLAHASSEE FL 32301**

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 \$550.00**  
**After September 12, 2001 Fee 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BRIGGS, MARGO H</b> <b>4501 FORD AVE STE 1100</b> <b>ALEXANDRIA VA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARNETT, LOUIS</b> <b>4501 FORD AVE. #1100</b> <b>ALEXANDRIA VA 22302</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BRIGGS, MARGO H</b> <b>4501 FORD AVE STE 1100</b> <b>ALEXANDRIA VA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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: Margo H Briggs  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 9, 2001  
 Date Daytime Phone #

CR2E034 (5/01)