

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90075 017 ***150.00

DOCUMENT # F95000002109

1. Entity Name

SECURITY INFORMATION SYSTEMS, INC.

Principal Place of Business

7081 GRAND NATIONAL DRIVE
 SUITE 100
 ORLANDO F 32819
 US

Mailing Address

7081 GRAND NATIONAL DRIVE
 SUITE 100
 ORLANDO FL 32819-8374
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-2858470

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

~~MEGLER, MICHAEL~~
GREENBLATT, DEAN

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

~~MEGLER, MICHAEL~~
 7081 GRAND NATIONAL DR
 SUITE 100
 ORLANDO FL 32819

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 ALREADY CHANGED ON 1/3/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	MEGLER, MICHAEL	
STREET ADDRESS	7081 GRAND NATIONAL DRIVE, SUITE 100	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	P	<input type="checkbox"/> Delete
NAME	**REMOVED PURSUANT TO 119.07, F.S.	
STREET ADDRESS	*	
CITY-ST-ZIP	**	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-00
 Date

407-345-1550
 Daytime Phone #

CR2E034 (9/99)