

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000115704

1. Entity Name  
ACCURATE SECURITY, INC.



FILED

04 JAN -6 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
102 NE 2ND STREET  
116  
BOCA RATON FL 33432

Mailing Address  
102 NE 2ND STREET  
116  
BOCA RATON FL 33432

2. Principal Place of Business  
3736 NE 12TH AVE  
Suite, Apt. #, etc.

3. Mailing Address  
3736 NE 12TH AVE  
Suite, Apt. #, etc.

REINSTATEMENT 03

☐ CHECK HERE IF MAKING CHANGES

City & State  
OAKLAND PARK, FL  
Zip  
33334  
Country

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OAKLAND PARK, FL  
Zip  
33334  
Country

4. FEI Number 59-3759127

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

SERVICE, HOWARD  
102 NE 2ND STREET  
116  
BOCA RATON FL 33432

## 7. Name and Address of New Registered Agent

Name  
GEORGE M. CHRIST  
Street Address P.O. Box Number is Not Acceptable  
3736 NE 12TH AVE  
City OAKLAND PARK FL Zip Code 33334

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

*George M. Christ*

12/30/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERVICE, HOWARD 102 NE 2ND ST #116 BOCA RATON FL 33432	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GEORGE M. CHRIST 3736 NE 12TH AVE OAKLAND PARK, FL 33334	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700026190577 01/06/04--01082--008 **\$750.00	<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
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

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:

*George M. Christ*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/03

Date

954/484-5400

Daytime Phone #

CR2E034 (4/03)

0084568  
AV