

2000 UNIFORM BUSINESS REPORT (UBR) *Amenked*

DOCUMENT # **P96000045687**

1. Entity Name

CRIMEGUARD Security Systems

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 13 PM 7:38

Principal Place of Business

Mailing Address

**10 FAIRWAY DRIVE #134
DEERFIELD BEACH, FL 33441**

2. Principal Place of Business

3. Mailing Address

10 FAIRWAY DR.

5970 SW 18th #301

Suite, Apt. #, etc.

Suite, Apt. #, etc.

134

301

City & State

DEERFIELD BEACH FL

City & State

BOCA RATON FL

4. FEI Number

65-0692894

Applied For

Not Applicable

Zip

33441

Country

BROWARD

Zip

33433

Country

PALM BEACH

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

**FYLLIS - NADLER
1598 SW 21 LANE
BOCA RATON FL 33486**

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

Marshall Nadler
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	P	☐ Delete
NAME	DON NADLER	
STREET ADDRESS	1598 SW 21 LANE	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	V.P.	☐ Delete
NAME	MARSHALL NADLER	
STREET ADDRESS	1598 SW 21 LANE	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	SECRETARY	☐ Delete
NAME	GENE KERRY	
STREET ADDRESS	5970 SW 18 ST #301	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	400003481244--2
CITY-ST-ZIP	-11/30/00--01049--008
TITLE	☐ Change ☐ Addition
NAME	*****61.25 *****61.25
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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:

Marshall Nadler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARSHALL NADLER

Date

Daytime Phone #

561-417-8800

AD

CR2E034 (9/99)