

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**  
 05-15-2001 90177 019 \*\*\*150.00

**DOCUMENT #** P99000052707  
**1. Entity Name** SECURE FIRST SYSTEMS, INC. *NIC FLD 11/28/00 TAM*

**Principal Place of Business** **Mailing Address**  
 5408 EVORA AVE.  
 SARASOTA, FL 34235

**2. Principal Place of Business** **3. Mailing Address**  
 5408 EVORA AVE. SAME  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

**City & State** SARASOTA FL **City & State**  
**Zip** 34235 **Country** SARASOTA **Zip** **Country**

**4. FEI Number** 65-092 9412 **Applied For**  
 Not Applicable  
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

A0067181

**6. Name and Address of Current Registered Agent**  
 Sandra Henneberg  
 5408 Evora Ave  
 Sarasota, FL 34235

**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** *Sandra Henneberg* SANDRA HENNEBERG 4/26/01  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing) 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, 2001: 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Delete SANDRA HENNEBERG 5408 EVORA AVE SARASOTA FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Delete RICHARD HENNEBERG 5408 EVORA AVE. SARASOTA FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/SECRETARY <input type="checkbox"/> Delete BERNICE RYAN 5408 EVORA AVE SARASOTA, FL 34235
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

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
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:** *Sandra Henneberg* SANDRA HENNEBERG 4/26/01  
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (11/00)