

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90257 047 ***150.00

DOCUMENT # F02000002760

1. Entity Name
COMPLIANCE SECURITY TECHNOLOGIES, INC.



Principal Place of Business
**1225 SCOTT STREET
WILKES BARRE PA 18705**

Mailing Address
**1225 SCOTT STREET
WILKES BARRE PA 18705**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-3069156**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAUVER, WALTER L III
3805 N.E. INDIAN RIVER DRIVE
JENSEN BEACH FL 34957**

Name **D.R. de Groat**
Street Address (P.O. Box Number is Not Acceptable)

25218 N.W. 148th Place
City **High Springs, FL** Zip Code **32643**

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **D.R. de Groat** **D.R. de Groat**

4-21-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **LAUVER, WALTER L III**
STREET ADDRESS **618 EXETER AVENUE**
CITY-ST-ZIP **WEST PITSTON PA 18643**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **CAVALLARO, MICHAEL**
STREET ADDRESS **5 FREDRICK STREET**
CITY-ST-ZIP **SICKLERVILLE NJ 08081**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **LAUVER, PATRICA L**
STREET ADDRESS **618 EXETER AVENUE**
CITY-ST-ZIP **WEST PITSTON PA 18643**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **LAUVER, WALTER L JR.**
STREET ADDRESS **618 EXETER AVENUE**
CITY-ST-ZIP **WEST PITSTON PA 18643**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

WALTER L LAUVER III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-03 571-821-2771

CR2E034 (10/02)