

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000000483**

1. Entity Name

COASTAL SECURITY SYSTEMS, INC.**FILED****Feb 06, 2001 8:00 am**
Secretary of State

02-06-2001 90304 032 ***150.00

619019

DO NOT WRITE IN THIS SPACE

Principal Place of Business 6251-A PARK COMMERCE BLVD NW BOCA RATON FL 33847	Mailing Address 6251-A PARK COMMERCE BLVD NW BOCA RATON FL 33847
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number 65-0727016	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
KATZ, SHELDON 6251 A PARK OF COMMERCE BLVD NW BOCA RATON FL 33847

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE	DPST <input type="checkbox"/> Delete
NAME	KATZ, SHELDON
STREET ADDRESS	6251-A PARK COMMERCE BLVD NW
CITY-ST-ZIP	BOCA RATON FL 33847
TITLE	DV <input type="checkbox"/> Delete
NAME	UNGERER, SCOTT
STREET ADDRESS	6251-A PARK COMMERCE BLVD NW
CITY-ST-ZIP	BOCA RATON FL 33847
TITLE	DV <input type="checkbox"/> Delete
NAME	DENINO, MARK
STREET ADDRESS	6251-A PARK COMMERCE BLVD NW
CITY-ST-ZIP	BOCA RATON FL 33847
TITLE	TC <input type="checkbox"/> Delete
NAME	LUISI, LINDA
STREET ADDRESS	6251 PK OF COMMERCE BLVD #A
CITY-ST-ZIP	BOCA RATON FL 33847
TITLE	S <input type="checkbox"/> Delete
NAME	AGNINI, SHAWN
STREET ADDRESS	6251 PK OF COMMERCE BLVD #A
CITY-ST-ZIP	BOCA RATON FL 33847
TITLE	VP <input type="checkbox"/> Delete
NAME	SAVITCH, JORDAN
STREET ADDRESS	6251 PK OF COMMERCE BLVD #A
CITY-ST-ZIP	BOCA RATON FL 33847

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *by: Linda Luisi, Controller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/01
Date561 998-1811
Daytime Phone #

CP2E034 (10/00)