

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005550

1. Entity Name

SECURITY TECHNOLOGIES GROUP, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90113 034 ***158.75

Principal Place of Business

150 SO. PINE ISLAND RD.
SUITE 100
PLANTATION FL 33324

Mailing Address

150 SO. PINE ISLAND RD.
SUITE 100
PLANTATION FL 33323-2827

2. Principal Place of Business

1601 SAWGRASS CORP PKWY
SUITE 400

SUITE 400

CITY & STATE
SUNRISE, FL

Zip
33323

Country
USA

3. Mailing Address

1601 SAWGRASS CORP PKWY
SUITE 400

SUITE 400

CITY & STATE
SUNRISE, FL

Zip
33323

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1641242

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALIN, STEVEN 150 SO. PINE ISLAND RD. #100 PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCS LANDIS, MARK 150 SO. PINE ISLAND RD. #100 PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASTALDO, GERI 150 SO. PINE ISLAND RD. #100 PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SZCZYGIEL, JOHN 150 SO. PINE ISLAND RD. #100 PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCLEOD, MICHAEL 150 SO. PINE ISLAND RD. #100 PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HANEY, BRUCE 150 SO. PINE ISLAND RD. #100 PLANTATION FL 33324	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT WALIN, STEVEN 1601 SAWGRASS CORP PKWY SUITE 400 SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE CHAIRMAN LANDIS, MARK 1601 SAWGRASS CORPORATE PKWY SUITE 400 SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT CASTALDO, GERI 1601 SAWGRASS CORPORATE PKWY SUITE 400 SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT SZCZYGIEL, JOHN 1601 SAWGRASS CORPORATE PKWY SUITE 400 SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MCLEOD, MICHAEL 1601 SAWGRASS CORPORATE PKWY SUITE 400 SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT HANEY, BRUCE 1601 SAWGRASS CORPORATE PKWY SUITE 400 SUNRISE, FL 33323	<input checked="" 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00

Date

954-377-5905

Daytime Phone #

CR2E034 (9/99)