

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005550

1. Entity Name

SECURITY TECHNOLOGIES GROUP, INC.

Principal Place of Business

1601 SAWGRASS CORP PKWY  
SUITE 400  
SUNRISE FL 33323

Mailing Address

1601 SAWGRASS CORP PKWY  
SUITE 400  
SUNRISE FL 33323

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 22-3245097

Applied For

Not Applicable

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

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALIN, STEVEN 1601 SAWGRASS CORP PKWY STE 400 SUNRISE FL 33323	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCS LANDIS, MARK 1601 SAWGRASS CORP PKWY STE 400 SUNRISE FL 33323	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASTALDO, GERI 1601 SAWGRASS CORP PKWY STE 400 SUNRISE FL 33323	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SZCZYGIEL, JOHN 1601 SAWGRASS CORP PKWY STE 400 SUNRISE FL 33323	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCLEOD, MICHAEL 1601 SAWGRASS CORP PKWY STE 400 SUNRISE FL 33323	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HANEY, BRUCE 1601 SAWGRASS CORP PKWY STE 400 SUNRISE FL 33323	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached Statement #1	<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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 09, 2001 8:00 am  
Secretary of State

04-09-2001 90053 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

BW 20806  
Attachment  
D# F9700005550

**STATEMENT #1**

**SECURITY TECHNOLOGIES GROUP, INC.**

1601 Sawgrass Corporate Parkway - Suite 400  
Sunrise, Florida 33323

---

**LIST OF OFFICERS AND DIRECTORS**

---

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
KERRY WINKLER	CFO	1601 SAWGRASS CORPORATE PKWY. #400 SUNRISE, FLORIDA 33323
JOSEPH RESTIVO	VP	1601 SAWGRASS CORPORATE PKWY. #400 SUNRISE, FLORIDA 33323
J. MURFREE BUTLER	D	1601 SAWGRASS CORPORATE PKWY. #400 SUNRISE, FLORIDA 33323
JULES KROLL	D	1601 SAWGRASS CORPORATE PKWY. #400 SUNRISE, FLORIDA 33323
RICHARD BARD	D	1601 SAWGRASS CORPORATE PKWY. #400 SUNRISE, FLORIDA 33323
SUSAN MAYER	D	1601 SAWGRASS CORPORATE PKWY. #400 SUNRISE, FLORIDA 33323
MARSHA PLOTNITSKY	D	1601 SAWGRASS CORPORATE PKWY. #400 SUNRISE, FLORIDA 33323
JOSEPH ROSETTI	D	1601 SAWGRASS CORPORATE PKWY. #400 SUNRISE, FLORIDA 33323
STEVEN SHARPE	D	1601 SAWGRASS CORPORATE PKWY. #400 SUNRISE, FLORIDA 33323