

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90092 015 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F98111

1. Entity Name

FINGERHUT SECURITY CORPORATION, INC

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3933 PALLADIUM CLUB ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOYNTON BEACH, FL

City & State

SAME

4. FFI Number

592238949

Applied For

Not Applicable

Zip

33436-5073

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

KEITH R. FINGERHUT

Street Address (P.O. Box Number is Not Acceptable)

3933 PALLADIUM CLUB ROAD

City

BOYNTON BEACH, FL

FL

Zip Code

33436

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 office of registration

KEITH FINGERHUT

4-25-02

(NOTE: Registered Agent Signature Required unless otherwise indicated)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to (to so). ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$61.25

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
KEITH R. FINGERHUT
3933 PALLADIUM CLUB ROAD
BOYNTON BEACH, FL 33436

TITLE
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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 correct 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 on an attachment with an address, with all other like empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEITH FINGERHUT, President

Date

Filing Period

CR2E034B (12/01)