

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90028 031 ***150.00

DOCUMENT # F99000005344

1. Entity Name

SEACURTIY MARINE SECURITY SYSTEMS, INC.

Principal Place of Business

2288 QUEBEC RD.
 CINCINNATI OH 45214

Mailing Address

2288 QUEBEC RD.
 CINCINNATI OH 45214

2. Principal Place of Business

1312 East Ave. N.

Suite, Apt. #, etc.

3. Mailing Address

1312 East Ave. N.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

31-1647747

Applied For

Not Applicable

Zip

34237

Country

Sarasota

Zip

34237

Country

Sarasota

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WINTERHALTER, ROBERT E
 5632 AMERICA DR.
 SARASOTA FL 34231

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

Robert E. Winterhalter
 Robert E. Winterhalter

1-10-01

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

(NOTE: Registered Agent signature required when reinstalling)

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

TITLE **P** ☐ Delete
 NAME **WINTERHALTER, JAMES D**
 STREET ADDRESS **1870 DEVILS BACKBONE RD.**
 CITY-ST-ZIP **CINCINNATI OH 45233**

TITLE **S** ☐ Delete
 NAME **WINTERHALTER, ROBERT E**
 STREET ADDRESS **5632 AMERICA DR.**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **President**
 STREET ADDRESS **James D. Winterhalter**
 CITY-ST-ZIP **5524 Antilles Dr.**
Sarasota, FL 34231

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

James D. Winterhalter
 James D. Winterhalter

1-10-01

Date

Daytime Phone #

CR2E034 (10/00)