

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90075 010 ***150.00

DOCUMENT # F99000005344

1. Entity Name

SEACURTIY MARINE SECURITY SYSTEMS, INC.

Principal Place of Business

**1312 EAST AVE N.
 SARASOTA FL 34237**

Mailing Address

**1312 EAST AVE N.
 SARASOTA FL 34237**

2. Principal Place of Business

5524 Antilles Dr.

Suite, Apt. #, etc.

3. Mailing Address

5524 Antilles Dr.

Suite, Apt. #, etc.

City & State

Sarasota

Zip

34231

Country

City & State

Sarasota

Zip

34231

Country

4. FEI Number

31-1647747

Applied For

Not Applicable

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 **James D. Winterhalter**

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

5524 Antilles Dr

City

Sarasota

FL

Zip Code

34231

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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Robert E Winterhalter

1-8-02

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, 2002 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 **5524 ANTILLES DR**
 CITY-ST-ZIP **SARASOTA FL 34231**

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
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 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
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-02

Date

741-922-1950

Daytime Phone #

CR2E034 (9/01)