

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91509 006 \*\*\*150.00

**DOCUMENT # K87465**

1. Entity Name  
**SAYER SECURITY SYSTEMS, INC.**



Principal Place of Business  
**% DOUGLAS H. REYNOLDS**  
**4875 N FED. HWY. 10TH FLOOR**  
**FT. LAUDERDALE FL 33308**

Mailing Address  
**% DOUGLAS H. REYNOLDS**  
**4875 N FED. HWY. 10TH FLOOR**  
**FT. LAUDERDALE FL 33308**



2. Principal Place of Business  
**6985 NW 18th St.**

3. Mailing Address  
**6985 NW 18th STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**MARGATE, FL**

City & State  
**MARGATE, FL**

4. FEI Number  
**65-0117472**

Applied For  
☐ Not Applicable

Zip  
**33063**

Country  
**USA**

Zip  
**33063**

Country  
**USA**

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**

**REYNOLDS, DOUGLAS H.**  
**SAVINGS OF AMERICA BLDG., 10TH FL.**  
**4875 N. FEDERAL HWY.**  
**FT LAUDERDALE FL 33308**

Name  
**DOUGLAS REYNOLDS**  
Street Address (P.O. Box Number is Not Acceptable)  
**SUITE 1700**  
**350 E. LAS OLAS BLVD**  
City  
**PORT LAUDERDALE FL 33301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **DOUGLAS REYNOLDS** DATE **1/7/02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**SAYER, MICHAEL J.**  
**6985 NW 18 ST.**  
**MARGATE FL 33063**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE OF MICHAEL J. SAYER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-24-03 954 292-5960**  
Date Daytime Phone #

CR2E034 (10/02)