## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 07, 2003 8:00 am Secretary of State

1. Entity Nat	JMENT # L020000 DEVICES, LLC	009208			02 11 2003 J	0030 023	
1 .	ce of Business ' FEDERAL HIGHWAY. SUITE 312 I FL 33432	HWAY, SUITE 312					
Principal Place of Business     3. Meiling Address			· · · · · · · · · · · · · · · · · · ·				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & Sta	ite	City & State	.,	4. FI Num	Tied for	<del></del>	
Žip	Country	Zip	Country	5. Certifica	ate of Status Desired	\$5.00 Addit	tional
	6. Name and Address of Current	Incises  Mailing Acdress  Mailing Acdress  IZO MATION FL 33422  DOCA NATION FL 33432  DO			<u> </u>		
THE	OMAS, DONALD J ESQ.	- Name					
120		Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
			City		F	Zip Code	
8. The above the obligat	e named entity submits this statement for tions of registered agent.	or the purpose of changing its r	registered office or	registered agent, or b	ooth, in the State of Florida. I a	am familiar with, ar	nd accept
SIGNATURE .	Signature, typed or printed name of registered apart	and title if applicable. (NOTF:	Registered Agent eigentu	re consisted when mineration)	0.0		
FILE NOW Make Check Payable to			Will FEE IS \$5 to Florida Dep	50.00 artment of State	/ Uni		
9.		RS/MANAGERS	10.		ADDITIONS/CHANG	ES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THOMAS, DONALD J 1200 NORTH FEDERAL HIGHWAY, SUITE 312		NAME STREET ADDRESS	2441 50	UTH STATE RO. 7		Addition Security Sec
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS			☐ Change	Addition
NAME STREET ADDRESS		☐ Delete	NAME			Change[	Addition
CTTY-ST-ZIP	•						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME Street address			☐ Change [	Addition
TITLE		☐ Delete	TITLE			Channe I	Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7/P

TITLE

NAME

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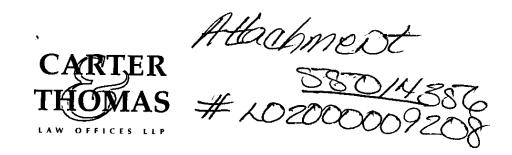
954.584\_ 3200

☐ Change

☐ Addition

☐ Addition

Daytime Phone #



March 4, 2003

## **CERTIFIED MAIL, RETURN RECEIPT REQUESTED**

Division of Corporations
Florida Department of State
Annual Reports Section
P. O. Box 6478
Tallahassee, FL 32314

RE: Secure Devices, LLC

Ladies/Gentlemen:

This office represents Secure Devices, LLC. In that regard, enclosed is the revised 2003 Limited Liability Company Uniform Business Report within they have indicated in item No. 4 that the EIN number has been "applied for". Please file the report as amended.

Sincerely.

Connie M. Lambert, Paralegal

Enclosure