

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

02-11-2003 90050 023 ****50.00

DOCUMENT # L02000009208

1. Entity Name

SECURE DEVICES, LLC



Principal Place of Business

**1200 NORTH FEDERAL HIGHWAY, SUITE 312
BOCA RATON FL 33432**

Mailing Address

**1200 NORTH FEDERAL HIGHWAY, SUITE 312
BOCA RATON FL 33432**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied for

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THOMAS, DONALD J ESQ.
1200 NORTH FEDERAL HIGHWAY, SUITE 312
BOCA RATON FL 33432**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
THOMAS, DONALD J
1200 NORTH FEDERAL HIGHWAY, SUITE 312
BOCA RATON FL 33432** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
VICTOR WEIGER
2441 SOUTH STATE RD. 7
FT. LAUD. FL 33317** ☒ Change ☐ Addition

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

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

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

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE REQUIRED

Date

Daytime Phone #

954-584-1-28-03 3200

CR2E083 (10/02)



Attachment
580/14386
102000009208

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,

A handwritten signature in cursive script that reads "Connie M. Lambert".

Connie M. Lambert, Paralegal

Enclosure