

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90088 006 ***150.00

DOCUMENT # L84103

1. Entity Name

COMMUNICATIONS & SECURITY SYSTEMS, INC.

Principal Place of Business

**591 GROVE AVE NW
 PORT CHARLOTTE FL 33952
 US**

Mailing Address

**591 GROVE AVE NW
 PORT CHARLOTTE FL 33952
 US**

2. Principal Place of Business

903 BAER AVE

3. Mailing Address

903 BAER AVE

Suite, Apt. #, etc.

PORT CHARLOTTE FL

Suite, Apt. #, etc.

PORT CHARLOTTE FL

City & State

City & State

4. FEI Number

65-0212654

Applied For

Not Applicable

Zip

Country

33948-7723

USA

Zip

Country

33948-7723

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**REED, ROBERT
 322 TAMiami TRAIL
 591 GROVE AVE NW
 PT CHARLOTTE FL 33952**

7. Name and Address of New Registered Agent

Name **Robert L. Reed**

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

903 BAER AVE

City

PORT CHARLOTTE

FL

Zip Code

33948-7723

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 L. Reed

ROBERT L REED

1-23-02

Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

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, 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	PD	<input type="checkbox"/> Delete
NAME	REED, ROBERT L.	
STREET ADDRESS	3271 E. TAMiami TR.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	REED, PATRICIA A.	
STREET ADDRESS	3271 E. TAMiami TR.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reed, Robert L.	
STREET ADDRESS	903 BAER AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948-7723	
TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reed, Patricia A.	
STREET ADDRESS	903 BAER AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948-7723	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Robert L. Reed

ROBERT L REED

1-23-02

941 624-2727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)