

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90053 005 ***158.75

DOCUMENT # M98003

1. Entity Name
SECURITY SYSTEMS SPECIALISTS, INC.



Principal Place of Business
**8830 BROWN CIRCLE
CAPE CANAVERAL FL 32920**

Mailing Address
**8830 BROWN CIRCLE
CAPE CANAVERAL FL 32920**

11006636



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2931157

Applie For
Not Applicable

Zip

Country

Zip

Country

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

**HAMILTON, JOYCE
234 CHANDLER ST
CAPE CANAVERAL FL 32920**

Name
JOYCE HAMILTON
Street Address (P.O. Box Number is Not Acceptable)
110 JEFFERSON AVENUE

City **CAPE CANAVERAL** **FL** Zip Code **32920**

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.

JOYCE HAMILTON

04/18/03

(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 **PDST** ☐ Delete
NAME **HAMILTON, JOYCE**
STREET ADDRESS **8830 BROWN CIRCLE**
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

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

TITLE **VICE PRESIDENT** ☐ Delete
NAME **JOHN W. BLACK**
STREET ADDRESS **8830 BROWN CIRCLE**
CITY-ST-ZIP **CAPE CANAVERAL, FLORIDA 32920**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: **JOYCE H. HAMILTON**

04/18/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)