2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2002 8:00 am
Secretary of State
09-18-2002 90049 045 ***550.00

DOCUMENT # P00000051972

1. Entity Name
PUBLIC SAFETY DATA SERVICES, INC.

Principal Place of Business	Mailing Address
555 TALAVERA ROAD WESTON FL 33326	555 TALAVERA ROAD WESTON FL 33326

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1530 NW 124th Terrace		1530 NW 124th Terrace	
Suite, Apt. #, etc.: Apt 207		Suite, Apt. #, etc.: Apt 207	
City & State: Sunrise Florida		City & State: Sunrise Florida	
Zip: 33323	Country: USA	Zip: 33323	Country: USA

4. FEI Number 65-1006575 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SALGADO, RAMONE E JR
555 TALAVERA ROAD
WESTON FL 33326

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

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 $550.00
After September 13, 2002 Fee will be $750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALGADO, RAMONE E JR. 555 TALAVERA ROAD WESTON FL 33326 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D SALGADO, Ramon 1530 NW 124 Terrace Apt 207 Sunrise Fl 33323 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (4/02)

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: SIGNATURE REQUIRED 8/13/2002 954-8388843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #