## 2003 FOR PROFIT CORPORATION

## FILED May 05, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** DOCUMENT # P00000051972 1. Entity Name 05-05-2003 90188 018 \*\*\*150.00 PUBLIC SAFETY DATA SERVICES, INC. Principal Place of Business Mailing Address 1530 NW 124TH TERRACE 1530 NW 124TH TERRACE **APT 207 APT 207** SUNRISE FL 33323 SUNRISE FL 33323 2. Principal Place of Business 3. Mailing Address 205 Lakevia Keview Drive Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 65-1006575 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SALGADO, RAMONE E JR Street Address (P.O. Box Number is Not Acceptable) 555 TALAVERA ROAD WESTON FL 33326 City Zip Code state nent of the burpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits inis the obligations of egistered ag SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign. Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/02) TITLE ☐ Addition TITLE ☐ Delete Change do, Ramon E. Jr Lakeview Drive Apt # 204 NAME SALGADO, RAMONE E JR. NAME STREET ADDRESS 1530 NW 124TH TERRACE APT 207 STREET ADDRESS Weston Florida 33326 CITY-ST-ZIP SUNRISE FL 33323 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Defete TITLE Change NASAE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trystee 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 attact

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE** 

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

☐ Delete

☐ Change

Addition