

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90014 025 \*\*\*158.75

**DOCUMENT # P00000081256**

1. Entity Name  
**ROLLING SECURITY SHUTTERS, CORP.**

Principal Place of Business  
**ONE FINANCIAL PLAZA STE 1600**  
**FT LAUDERDALE FL 33394-1697**

Mailing Address  
**ONE FINANCIAL PLAZA STE 1600**  
**FT LAUDERDALE FL 33394-1697**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**6810 N.W. 20th Ave**  
 Suite, Apt. #, etc.

3. Mailing Address  
**6810 NW 20th Ave**  
 Suite, Apt. #, etc.

City & State  
**Ft Lauderdale FL**

City & State  
**Ft Lauderdale FL**

4. FEI Number **65-1032691**

Applied For  
 Not Applicable

Zip **33309** Country **Broward**

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

**6. Name and Address of Current Registered Agent**

**MOYLE, BERNARD T**  
**ONE FINANCIAL PLAZA STE 1600**  
**FT LAUDERDALE FL 33394-1697**

**7. Name and Address of New Registered Agent**

Name **Leslie R. Hayes Jr.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6810 N.W. 20th Ave**  
 City **Ft Lauderdale FL** Zip Code **33309**

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 **Leslie R. Hayes Jr. President Leslie R. Hayes Jr.**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**4/24/02**  
 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAYES, LESLIE R JR</b> <b>9721 COURT OF THE ORANGES</b> <b>BOCA RATON FL 33434</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Leslie R. Hayes Jr.** **Leslie R. Hayes**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/02** **(954) 970-4949**  
 Date Daytime Phone #

CR2E034 (9/01)