

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90140 001 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000086732			
1. Entity Name BOSTON SECURITY SYSTEMS, INC.			
Principal Place of Business 4134 GULF OF MEXICO DRIVE STE 302 LONGBOAT KEY FL 34228		Mailing Address P O BOX 541104 LAKE WORTH FL 33454 US	
2. Principal Place of Business PO Box 541104		3. Mailing Address PO Box 541104	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lake Worth FL		City & State Lake Worth	
Zip 33454	Country U.S.A.	Zip 33454	Country USA.
4. FEI Number 65-1047216		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOSTON, STEVE 1614 OLIVE TREE CIRCLE WEST PALM BEACH FL 33454		7. Name and Address of New Registered Agent Name Steven Boston Street Address (P.O. Box Number is Not Acceptable) 710 New Lake Drive. City Boynton Beach FL Zip Code 33462	
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 Steven Boston (President) Steve Bst DATE 4-26-02 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		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. <input type="checkbox"/>		\$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 BOSTON, STEVE P O BOX 541104 LAKE WORTH FL 33454 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Steve Bst (President)		DATE: 4-26-02	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 561 602 1560	

CR2E034 (9/01)