

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90283 004 \*\*\*150.00

**DOCUMENT # P00000097377**

1. Entity Name

**FORD SECURITY SYSTEMS, INC.**

Principal Place of Business

Mailing Address

3600 SOUTH STATE ROAD 7 SUITE 316  
 MIRAMAR FL 33026

3600 SOUTH STATE ROAD 7 SUITE 316  
 MIRAMAR FL 33026

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33023

33023

4. FEI Number

65-1047638

Applied For

Not Applicable

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

**FORD, FREDERICK**  
**17021 N. BAY RD. #619**  
**SUNNY ISLES BEACH FL 33160**

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.

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 \$150.00**  
**After MAY 1, 2001 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

**DP** ☐ Delete  
**FORD, FREDERICK**  
**17021 N. BAY RD. #619**  
**SUNNY ISLES BEACH FL 33160**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**DVS** ☐ Delete  
**LIBIA FORD, MARIA**  
**17021 N. BAY RD. #619**  
**SUNNY ISLES BEACH FL 33160**

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

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TITLE  
 NAME  
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 CITY-ST-ZIP

☐ Change ☐ 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:**

*Frederick Ford*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)