

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**  
 05-07-2002 90361 041 \*\*\*150.00

0313473 AV

**DOCUMENT # P01000043972**

1. Entity Name  
**PINDELL SECURITY, INC.**

Principal Place of Business  
**6350 NORTH ANDREWS AVENUE  
 SUITE 100  
 FORT LAUDERDALE FL 33309**

Mailing Address  
**6350 NORTH ANDREWS AVENUE  
 SUITE 100  
 FORT LAUDERDALE FL 33309**

2. Principal Place of Business  
**6350 North Andrews Avenue**

3. Mailing Address  
**6805 W. Commercial Blvd**

Suite, Apt. #, etc.  
**Suite 100**

Suite, Apt. #, etc.  
**#200**

City & State  
**Fort Lauderdale, FL**

City & State  
**Tamarac, FL**

4. FEI Number  
**05-1109179**

Applied For  
 Not Applicable

Zip  
**33309**

Country  
**USA**

Zip  
**33319**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**GERRITS, ANDREW T  
 6350 NORTH ANDREWS AVENUE  
 SUITE 100  
 FORT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name **Susan Tseng Pindell**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6805 West Commercial Blvd  
 #200**  
 City **Tamarac** FL Zip Code **33319**

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  **Susan Tseng Pindell, VP Pindell Security 4/19/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

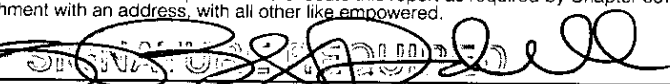
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PINDELL, SUSAN P 6350 NORTH ANDREWS AVENUE SUITE 100 FORT LAUDERDALE FL 33309</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Troy L. Pindell, Sr. 6805 W. Commercial Blvd, #200 Tamarac, FL 33319</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Susan Tseng Pindell 6805 W. Commercial Blvd, #200 Tamarac, FL 33319</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/19/02 9546733125**

Date Daytime Phone #

CR2E034 (9/01)