

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90312 042 ***150.00

DOCUMENT # P01000100921

1. Entity Name
SECURETECH SOLUTIONS, INC.



Principal Place of Business
6542 HYPOLUXO ROAD. #137
LAKE WORTH FL 33467

Mailing Address
6542 HYPOLUXO ROAD. #137
LAKE WORTH FL 33467

2. Principal Place of Business
7846 Carina Ct
Suite, Apt. #, etc.

3. Mailing Address
7846 CARINA CT
Suite, Apt. #, etc.

City & State
Lake Worth, FL
Zip
33467
Country

City & State
LAKE WORTH, FL
Zip
33467
Country

4. FEI Number **65-1144919**

Applied For
Not Applicable

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

☐ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

HIRSCH, DAVID K
175 W. CAMINO REAL
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name
JOSEPH J GANZI
Street Address (P.O. Box Number is Not Acceptable)
7846 CARINA CT
City
LAKE WORTH **FL** **Zip Code**
33467

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Joseph J Ganzi*

DATE **4/21/03**

(NOTE: Registered Agent signature required when reinstating)

FEE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MRS. BOSWELL, KATHLEEN A 6029 STRAWBERRY FIELDS WAY LAKE WORTH FL 33463 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MR. - P GANZI, JOSEPH J 7846 CARINA CT. LAKE WORTH FL 33467 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MRS. - V P GANZI, ELLEN M 7846 CARINA CT. LAKE WORTH FL 33467 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MR. BOSWELL, ERIC C 6029 STRAWBERRY FIELDS WAY LAKE WORTH FL 33463 | <input checked="" 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 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| 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 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 trustee 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 attachment with an address, with all other like empowered.

SIGNATURE: *Joseph J Ganzi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/21/03**

DAYTIME PHONE # **561 433-9314**

CR2E034 (10/02)