

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91662 001 ***300.00

DOCUMENT # P01000108114

1. Entity Name
21ST CENTURY SECURITIES, INC.

Principal Place of Business
2888 E OAKLAND PARK BLVD
FT LAUDERDALE FL 33306

Mailing Address
2888 E OAKLAND PARK BLVD
FT LAUDERDALE FL 33306



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
401 W. Linton Blvd.

3. Mailing Address
401 W. Linton Blvd

Suite, Apt. #, etc.
Suite #300

Suite, Apt. #, etc.
Suite #300

City & State
Delray Beach, FL

City & State
FL 33444

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33444

Country
USA

Zip
33444

Country
USA

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

FORKEY, RUSSELL L
2888 E OAKLAND PARK BLVD
FT LAUDERDALE FL 33306

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, 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
D FORKEY, RUSSELL L
2888 E OAKLAND PARK BLVD
FT LAUDERDALE FL 33306

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D Kenneth Brown
401 W. Linton Ste 300
Delray Beach, FL 33444

TITLE
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E034 (9/01)