

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90706 035 ***150.00

0431707 AV

DOCUMENT # P02000008419

1. Entity Name
PRIMARY DETECTION SERVICES, INC.



Principal Place of Business
**1730 S. FEDERAL HIGHWAY
SUITE 111
DELRAY BEACH FL 33483**

Mailing Address
**1730 S. FEDERAL HIGHWAY
SUITE 111
DELRAY BEACH FL 33483**

2. Principal Place of Business

HOLLYWOOD FLA.
Suite, Apt. #, etc.

3. Mailing Address

6480 SHERMAN ST
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
HOLLYWOOD FLA 33024
Zip
33024
Country
BROWARD

City & State
HOLLYWOOD FLA 33024
Zip
33024
Country
BROWARD

4. FEI Number
03-0380629

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GOMEZ, WILLIAM
1730 S. FEDERAL HIGHWAY
SUITE 111
DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

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

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-03

FILE 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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GOMEZ, WILLIAM**
STREET ADDRESS **1730 S. FEDERAL HIGHWAY SUITE 111**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **GOMEZ, WILLIAM**
STREET ADDRESS **6480 SHERMAN STREET**
CITY-ST-ZIP **HOLLYWOOD, FLA. 33024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03 934-347-209

Date Daytime Phone #

CR2E034 (10/02)