

03 UBR

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT 10 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000032923

1. Entity Name

AUTOMATION, DETECTION  
AND TELECOMMUNICATION INC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

761 N.W. 103 TERR

3. Mailing Address

Suite, Apt. #, etc.

BLDG. 8 #201

Suite, Apt. #, etc. SAME

City & State

PEMBROKE PINES FL

City & State

Zip

Country

Zip

Country

4. FEI Number

45-0471481

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

400023709774  
10/10/03--01000--017 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

RAYMOND MILLER

Street Address (P.O. Box Number is Not Acceptable)

761 N.W. 103 TERRACE

BLDG. 8 #201

PEMBROKE PINES FL

Zip Code

33026

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PRESIDENT  
RAYMOND MILLER  
761 N.W. 103 TERR. BLDG. 8 #201  
PEMBROKE PINES FL 33026

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 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 #

CR2E034B (12/02)

761 N.W. 103 Terrace  
Bldg 8 # 201  
Pembroke Pines FL

## Automation Detection and Telecommunication

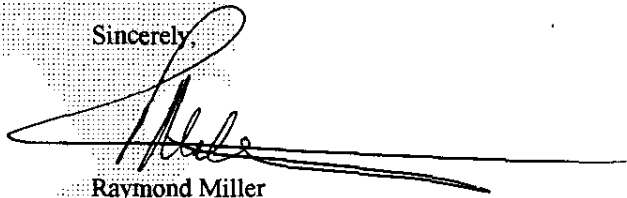
October 3, 2003

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Dear Sir or Madam:

On September 26, 2003 I went to the Workers Compensation office to apply for Workers Compensation exemption and was told that my company was dissolved. I checked your website and discovered that it was dissolved due to failure to file an annual report. I did not know anything about this and I understand that ignorance of the law is no excuse but I also would expect a warning before this is done. I am therefore asking for some leniency and your outmost assistance in resolving this problem, revoking the Dissolution and updating my company information. As I never receive any notice, I am asking that the penalty be waived. I have enclosed a check for the Revocation of Dissolution and one for the annual report. Thanks in advance.

Sincerely,



Raymond Miller  
President