

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90159 035 ***150.00

DOCUMENT # P02000064306

1. Entity Name
VOLTECH SECURITY, INC.



Principal Place of Business
1440 CORAL RIDGE DRIVE
#263
CORAL SPRINGS FL 33071

Mailing Address
1440 CORAL RIDGE DRIVE
#263
CORAL SPRINGS FL 33071

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0619101

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

7. Name and Address of New Registered Agent

KARASICK, NEAL MR.

~~1440 CORAL RIDGE DRIVE~~

~~#263~~

CORAL SPRINGS FL 33071

11640 NW 12ST

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Delete
NAME	Eric Levy	
STREET ADDRESS	10739 NW 18CT	
CITY-ST-ZIP	Coral Springs FL 33071	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Judy Karasick	
STREET ADDRESS	11640 NW 12 Street	
CITY-ST-ZIP	Coral Springs FL 33071	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Neal Karasick	
STREET ADDRESS	11640 NW 12 Street	
CITY-ST-ZIP	Coral Springs FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Linda Levy	
STREET ADDRESS	10739 NW 18CT	
CITY-ST-ZIP	Coral Springs FL 33071	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eric Levy

President

2/23/03

954-214-5233

Date

Daytime Phone #

CR2E034 (10/02)