

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-02-2003 90237 042 ***150.00

0468266 AV

DOCUMENT # P02000114682

1. Entity Name
SECURE-SHRED, INC.



Principal Place of Business
**12514 LEATHERLEAF DRIVE
TAMPA FL 33626**

Mailing Address
**12514 LEATHERLEAF DRIVE
TAMPA FL 33626**



2. Principal Place of Business

2202 N. Westshore Blvd.
Suite, Apt. #, etc.

200-2046

City & State

Tampa, FL

Zip
33607

Country
USA

3. Mailing Address

2202 N. Westshore Blvd.
Suite, Apt. #, etc.

200-2046

City & State

Tampa, FL

Zip
33607

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

14-1852663

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHIFINO, WILLIAM J
201 N FRANKLIN ST STE 2700
TAMPA FL 33602**

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 **William J. Schifino**

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 ☐ Delete
NAME **President**
STREET ADDRESS **Christoph Nord**
CITY-ST-ZIP **12514 Leatherleaf Dr.
Tampa, FL 33626**

TITLE ☐ Delete
NAME **Vice President**
STREET ADDRESS **Thomas Demarest**
CITY-ST-ZIP **10139 Belgrave Rd.
Tampa, FL 33626**

TITLE ☐ Delete
NAME **Vice President**
STREET ADDRESS **Janette Nord**
CITY-ST-ZIP **12514 Leatherleaf Dr.
Tampa, FL 33626**

TITLE ☐ Delete
NAME **Vice President**
STREET ADDRESS **Kiersten Demarest**
CITY-ST-ZIP **10139 Belgrave Rd.
Tampa, FL 33626**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
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 REQUIRED
Thomas Demarest
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03 **(813) 286-7500**
Date Daytime Phone #

CR2E034 (10/02)