

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90138 050 ***158.75

DOCUMENT # P93000024477

1. Entity Name

DREW SECURITY, INC.

Principal Place of Business

2629 NW 60TH WAY
 SUNRISE FL 33313

Mailing Address

2629 NW 60TH WAY
 SUNRISE FL 33313-2230

2. Principal Place of Business

600 N. W. 44TH ST.

3. Mailing Address

600 N. W. 44TH. ST.

Suite, Apt. #, etc.

SUITE 2G

Suite, Apt. #, etc.

SUITE 2G

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33309

Country

BROWARD

Zip

33309

Country

BROWARD

4. FEI Number

65-0407205

Applied For

Not Applicable

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

DREW, WAYNE R
2629 NW 60TH WAY
SUNRISE FL 33313

Name

DENNIS REILLY

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

120 S W 14th ST.

City

BOCA RATON

FL

Zip Code

33486

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

Dennis Reilly **DENNIS REILLY**

04/28/2000

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, 2000 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	PD	<input checked="" type="checkbox"/> Delete
NAME	DREW, WAYNE R	
STREET ADDRESS	2629 NW 60TH WAY	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETER SALAMON	
STREET ADDRESS	3816 DAVISON RD	
CITY-ST-ZIP	LAPEER, MI 48446	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS REILLY	
STREET ADDRESS	120 S W 14th ST.	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREGORY WIER	
STREET ADDRESS	6310 TUTTLEHILL Rd.	
CITY-ST-ZIP	YPSILANTI, MI 48197	
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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 #

Peter Salamon **PETER SALAMON** **04/28/2000** **968-9800**

CR2E034 (9/99)