

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90162 045 \*\*\*158.75

**DOCUMENT # P93000082295**

1. Entity Name  
**ATOP SECURITY, INC.**

Principal Place of Business <b>100 E LINTON BLVD          STE 201B          DELRAY BCH FL 33483          US</b>	Mailing Address <b>100 E LINTON BLVD          STE 201B          DELRAY BCH FL 33483-3350          US</b>
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2. Principal Place of Business <b>100 E. LINTON BLVD</b> Suite, Apt. #, etc. <b>SUITE 201B</b>	3. Mailing Address <b>100 E. LINTON BLVD</b> Suite, Apt. #, etc. <b>SUITE 201B</b>
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City & State <b>DELRAY BEACH, FL.</b>	City & State <b>DELRAY BEACH, FL.</b>
Zip <b>33483</b>	Zip <b>33483</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>65-0457423</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**JUDGE, PATRICIA A  
 1555 PALM BEACH LAKES BLVD  
 SUITE 1600  
 WEST PALM BEACH FL 33401**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JUDGE, THOMAS P SR.</b> <b>100 E LINTON BLVD, STE 201B</b> <b>DELRAY BEACH FL 33483</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>JUDGE, THOMAS P JR.</b> <b>100 E LINTON BLVD, STE 201B</b> <b>DELRAY BEACH FL 33483</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>JUDGE, BETTY</b> <b>100 E LINTON BLVD, STE 201B</b> <b>DELRAY BEACH FL 33483</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FALASZ, SUSAN</b> <b>100 E LINTON BLVD, STE 201B</b> <b>DELRAY BEACH FL 33483</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Susan Falasz, Treas. SUSAN FALASZ, TREAS. Date: 4/28/00 Daytime Phone #: 561-243-3162

CR2E034 (9/99)