

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000082295

1. Entity Name

ATOP SECURITY, INC.

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

05-16-2000 90162 045 ***158.75

| | |
|---|--|
| Principal Place of Business 100 E LINTON BLVD STE 201B DELRAY BCH FL 33483 US | Mailing Address 100 E LINTON BLVD STE 201B DELRAY BCH FL 33483-3350 US |
|---|--|

| | |
|---|---|
| 2. Principal Place of Business 100 E. LINTON BLVD Suite, Apt. #, etc. SUITE 201B | 3. Mailing Address 100 E. LINTON BLVD Suite, Apt. #, etc. SUITE 201B |
|---|---|

| | |
|-----------------------------------|-----------------------------------|
| City & State DELRAY BEACH, FL. | City & State DELRAY BEACH, FL. |
| Zip 33483 | Country USA |



DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|--|
| 4. FEI Number 65-0457423 | Applied For <input type="checkbox"/> Not Applicable |
|-----------------------------|--|

| |
|---|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
|---|

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 _____ (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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JUDGE, THOMAS P SR. 100 E LINTON BLVD, STE 201B DELRAY BEACH FL 33483 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V JUDGE, THOMAS P JR. 100 E LINTON BLVD, STE 201B DELRAY BEACH FL 33483 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S JUDGE, BETTY 100 E LINTON BLVD, STE 201B DELRAY BEACH FL 33483 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T FALASZ, SUSAN 100 E LINTON BLVD, STE 201B DELRAY BEACH FL 33483 <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)(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: Susan Falasz, Treas. SUSAN FALASZ, TREAS. 4/28/00 561-243-3162
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)