

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000038569

1. Entity Name

SECURETECH SECURITY INC.

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90119 042 ***150.00

Principal Place of Business 9481 HIGHLAND OAK #1011 TAMPA FL 33647	Mailing Address 9481 HIGHLAND OAK #1011 TAMPA FL 33647-2517
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8402 Laurel Fair Cir. Suite, Apt. #, etc. # 206 City & State TAMPA FL. Zip 33610 Country US	3. Mailing Address Suite, Apt. #, etc. City & State TAMPA FL. Zip Country
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4. FEI Number 59-3316189	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BERGREN, JOHNATHAN E 9481 HIGHLAND OAK #1011 TAMPA FL 33647

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Amanda Bergren Vice President 1-2000
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 NAME STREET ADDRESS CITY-ST-ZIP	P BERGREN, JOHN 9481 HIGHLAND OAK TAMPA FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERGREN, AMANDA 9481 HIGHLAND OAK TAMPA FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Amanda Bergren 1-20-00 813622876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #