

DOCUMENT # P95000038569

1. Entity Name
SECURETECH SECURITY INC.

Principal Place of Business
8402 LAUREL FAIR CIR
206
TAMPA FL 33610

Mailing Address
8402 LAUREL FAIR CIR
206
TAMPA FL 33610

2. Principal Place of Business
3914 N. U.S. Hwy 301
Suite, Apt. #, etc.
#400 suite
City & State
TAMPA FLA
Zip
33619
Country
U.S.A

3. Mailing Address
3914 N. U.S. Hwy 301
Suite, Apt. #, etc.
suite # 400
City & State
TAMPA FLA
Zip
33619
Country
U.S.A

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

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)
Signature, typed or printed name of registered agent and title if applicable 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, 2001 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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERGREN, JOHN		NAME		
STREET ADDRESS	9481 HIGHLAND OAK		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33647		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERGREN, AMANDA		NAME		
STREET ADDRESS	9481 HIGHLAND OAK		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33647		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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

1-5-01 813-622-8787
Date Daytime Phone #

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90009 044 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3316189
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

CR2E034 (10/00)