

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90073 028 \*\*\*150.00

**DOCUMENT # P95000060408**



1. Entity Name  
**AMERICAN DETECTION SYSTEMS, INC.**

Principal Place of Business  
**2501 AILEEN ST  
TAMPA FL 33607  
US**

Mailing Address  
**PO BOX 4466  
TAMPA FL 33667  
US**

**30004373**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**2501 Aileen St**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 4466**  
Suite, Apt. #, etc.

City & State  
**Tampa, FL**  
Zip  
**33607** Country  
**Hillsborough**

City & State  
**Tampa FL**  
Zip  
**33677** Country  
**Hillsborough**

4. FEI Number **59-3329084**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GILMORE, RICARDO L ESQ.  
334 HYDE PARK AVE.  
TAMPA FL 33606**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
REINA, ANTONIO  
2503 WEST ALIEN ST.  
TAMPA FL 33607** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVS  
WINTJEN, KELLY R  
1614 GUNSMITH DR.  
LUTZ FL 33549** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
REINA, ROBERT  
2503 WEST ALIEN ST.  
TAMPA FL 33607** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 10 or Block 11, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**ASSOCIATE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-15-03 413 871 3321**

Date

Daytime Phone #

CR2E034 (10/02)