

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90048 010 ***150.00

DOCUMENT # P96000051878

1. Entity Name
SERVOWATCH, INC.



Principal Place of Business
**6402 N.W. 5TH WAY
FORT LAUDERDALE FL 33309
US**

Mailing Address
**6402 N.W. 5TH WAY
FORT LAUDERDALE FL 33309
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0677276**

Applied For
Not Applicable

☐ CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CFRA, L.L.C.
ONE HARBOUR PLACE
777 S. HARBOUR ISLAND BLVD., SUITE 500
TAMPA FL 33602**

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SMITH, STEPHEN B**
STREET ADDRESS **SERVOWATCH SYSTEMS LTD, THALEST HOUSE**
CITY-ST-ZIP **GHELMSFORD, ESSEX CM32EH ENGLA**

TITLE ☒ Change ☐ Addition
NAME **WOBORPE BUILDING, WOODROLFE ROAD**
STREET ADDRESS **TOLLESAURY, MALDON, ESSEX, CM9 8SE**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **PETER, MILEEN**
STREET ADDRESS **1931 LYONE RD STE 306**
CITY-ST-ZIP **POMPANO BEACH FL 33063**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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: **STEPHEN B SMITH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **30/4/03** Daytime Phone #

CR2E034 (10/02)