FILED

FERTEL 3/20/02 561-254-0469

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with a

SIGNATURE:

Apr 03, 2002 8:00 am Secretary of State P96000057049 DOCUMENT # 1. Entity Name 04-03-2002 90038 007 ***150.00 DELRAY SECURITY, INC. Principal Place of Business Mailing Address 606 EAGLE DRIVE **606 EAGLE DRIVE** DELRAY BEACH FL 33444 **DELRAY BEACH FL 33444** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0718608 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERTEL, DAVID J Street Address (P.O. Box Number is Not Acceptable) 606 EAGLE DRIVE **DELRAY BEACH FL 33444** Zip Code City FL 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. =SIGNATURP 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) ☐ Addition TITLE ☐ Delete TITLE ☐ Change FERTEL, DAVID J NAME NAME STREET ADDRESS STREET ADDRESS **606 EAGLE DRIVE** CITY-ST-7IP CITY-ST-ZIP **DELRAY BEACH FL 33444** Addition TITLE ☐ Delete TITLE Change NAME NAME PERMUY, BILL STREET ADDRESS STREET ADDRESS 4601 LANTANA ROAD CITY-ST-ZIP CITY-ST-ZIP lake worth fl Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Change TITLE ☐ Delete TITLE Addition-Same to the late NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if