

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000074135

1. Entity Name

LAW ENFORCEMENT TECHNOLOGIES, INC.

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90072 004 \*\*\*150.00

Principal Place of Business	Mailing Address
4400 PGA BLVD SUITE 700 PALM BEACH GARDENS FL 33410	4400 PGA BLVD SUITE 700 PALM BEACH GARDENS FL 33410-6500

2. Principal Place of Business	3. Mailing Address
631 U.S. Hwy One Suite, Apt. #, etc. 411	631 U.S. Hwy One Suite, Apt. #, etc. 411

City & State	City & State
North Palm Beach Fla	North Palm Beach Fla
Zip	Zip
33408	33408
Country	Country
US	US

4. FEI Number	65-0743592	Applied For
		Not Applicable

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

7. Name and Address of New Registered Agent

FISCH, MARK  
4400 PGA BLVD  
SUITE 700  
PALM BEACH GARDENS FL 33410

Name  
Same  
Street Address (P.O. Box Number is Not Acceptable)  
631 U.S. Hwy One  
Suite 411  
City  
North Palm Beach FL Zip Code  
33408

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

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. ☐

**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	PD	<input type="checkbox"/> Delete
NAME	FISCH, MARK	
STREET ADDRESS	4400 PGA BLVD, SUITE 700	
CITY-ST-ZIP	PALM BEACH GARDENS FL	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	631 U.S. Hwy One Suite 411	
CITY-ST-ZIP	North Palm Beach Fla 33408	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

Date

Daytime Phone #

3/23/00 (561) 845-7177

MARK S. FISCH, President/Director

CR20034 (0/00)