

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90160 001 ***450.00

DOCUMENT # P96000074135

1. Entity Name
LAW ENFORCEMENT TECHNOLOGIES, INC.

Principal Place of Business
631 U.S. HWY ONE., #411
NORTH PALM BEACH FL 33408

Mailing Address
631 U.S. HWY ONE., #411
NORTH PALM BEACH FL 33408



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
THE ADMIRALTY TOWER
 Suite, Apt. #, etc.
SUITE 700, 4400 PGA BLVD.
 City & State
PALM BEACH GARDENS, FL
 Zip
33410
 Country
USA

3. Mailing Address
THE ADMIRALTY TOWER
 Suite, Apt. #, etc.
SUITE 700, 4400 PGA BLVD.
 City & State
PALM BEACH GARDENS, FL
 Zip
33410
 Country
USA

4. FEI Number **65-0743592**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FISCH, MARK
631 U.S. HWY ONE., #411
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name
FISCH, MARK
 Street Address (P.O. Box Number is Not Acceptable)
4400 PGA BLVD., SUITE 700
 City
PALM BEACH GARDENS FL Zip Code
33410

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 **MARK S. FISCH PRESIDENT** **4/30/02**
 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. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	FISCH, MARK	631 U.S. HWY ONE., #411	NORTH PALM BEACH FL 33408	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	FISCH, MARK	4400 PGA BLVD., SUITE 700	PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **MARK S. FISCH, PRES.** **4/30/02** (562) (69) - 9395
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)