

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91839 030 ***158.75

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

DOCUMENT # P97000022201 1. Entity Name INVOTEK SECURITY SYSTEMS INC.																																							
Principal Place of Business 3404 CORAL SPRINGS DR CORAL SPRINGS, FL 33065			Mailing Address 10693 WILES ROAD # 211 CORAL SPRINGS, FL 33076																																				
2. Principal Place of Business		3. Mailing Address																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																					
City & State		City & State																																					
Zip	Country	Zip	Country	4. FEI Number 65-0733972 ☐ Applied For ☐ Not Applicable																																			
5. Name and Address of Current Registered Agent				6. Certificate of Status Desired ☒ \$8.75 Additional Fee Required																																			
KOTSONAS, DEBORAH E 3404 CORAL SPRINGS DR CORAL SPRINGS, FL 33065				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 if it is applicable, (NOTE: Registered Agent is required reporting when electing to) DATE																																							
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees				10. OFFICERS AND DIRECTORS																																			
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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: <u><i>Deborah E Kotsonas</i></u> <u>4-30-03</u> <u>8006847099</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone																																							

CH21004 (1/02)