

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jul 25, 2001 8:00 am**  
**Secretary of State**

07-25-2001 90003 025 \*\*\*150.00

**DOCUMENT # P97000029529**

1. Entity Name

**FLORIDA SECURITY SYSTEMS, INC.**

Principal Place of Business

**1301 W. COPANS RD.  
BLDG. G SUITE 1  
PAMPANO BEACH FL 33064  
US**

Mailing Address

**1301 W. COPANS RD.  
BLDG. G SUITE 1  
PAMPANO BEACH FL 33064  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number

**65-0748928**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****GORMAN, LENARD H  
2655 LEJEUNE ROAD, PENTHOUSE 1-D  
CORAL GABLES FL 33134****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.

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. ☐  
(See criteria on back)**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	VP	<input checked="" type="checkbox"/> Delete
NAME	SMITH, ROBERT	
STREET ADDRESS	1236 NE 17TH TERR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	

TITLE	P	<input type="checkbox"/> Delete
NAME	MARKOFF, ALLAN E	
STREET ADDRESS	17190 RYTON LANE	
CITY-ST-ZIP	BOCA RATON FL 33496	

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

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

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

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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**ALLAN E MARKOFF, Pres**

Date

**07/14/01**

Daytime Phone #

**845-692-2000**

Attachment # PA7000029529  
Booke



**Florida Security Systems, Inc.**

1301 West Copans Road • Bldg. G, Suite 1 • Pompano Beach, FL 33064  
(954) 975-8800 • Fax (954) 917-8315

July 10, 2001

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Florida Security Systems, Inc.  
Tax ID # 65-0748928

To Whom It May Concern:

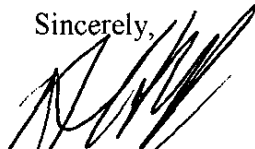
Please find enclosed our check # 5015 in the amount of \$150.00 as payment of the Uniform Business Report filing fee for Florida Security Systems, Inc.

It is Florida Security Systems, Inc.'s policy to timely file and pay all fees. Unfortunately, since we did not receive the original filing notice for the Uniform Business report, the 2001 filing was overlooked.

Based on the above mentioned facts, and the fact that the late filing was due to an oversight, rather than willful neglect, I respectfully request an abatement of the late filing fees for Florida Security Systems, Inc.

Thank you for your consideration of this matter.

Sincerely,



Allan Markoff  
President