

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079156

1. Entity Name

DRAWBRIDGE SECURITY SYSTEMS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90477 007 ***150.00

Principal Place of Business

950 NORTH COLLIER BOULEVARD
SUITE 201
MARCO ISLAND FL 34145

Mailing Address

950 NORTH COLLIER BOULEVARD
SUITE 201
MARCO ISLAND FL 34145-2716

2. Principal Place of Business

466 Spinnaker Drive

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1631

Suite, Apt. #, etc.

City & State

Marco Island, Florida

Zip

34145

Country

City & State

Marco Island, Florida

Zip

34146-1631

Country

4. FEI Number

65-0883307

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRAMER, FREDERICK C
950 NORTH COLLIER BOULEVARD
SUITE 201
MARCO ISLAND FL 34145

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 \$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

TITLE D ☒ Delete
NAME KRAMER, FREDERICK C
STREET ADDRESS 950 NORTH COLLIER BOULEVARD, SUITE 201
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE C ☐ Delete
NAME DIRCKS, SARAH E
STREET ADDRESS P.O. BOX 1631
CITY-ST-ZIP MARCO ISLAND FL 34146

TITLE S ☒ Delete
NAME DIRCKS, SARAH E
STREET ADDRESS P.O. BOX 1631
CITY-ST-ZIP MARCO ISLAND FL 34146

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE R/D ☐ Change ☒ Addition
NAME Charles E. Dircks
STREET ADDRESS 466 Spinnaker Drive
CITY-ST-ZIP Marco Island, Florida 34145

TITLE VP/S/T/D ☒ Change ☐ Addition
NAME Sarah E. Dircks
STREET ADDRESS 466 Spinnaker Drive
CITY-ST-ZIP Marco Island, Florida 34145

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (9/99)