

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90076 007 ***150.00

DOCUMENT # P98000079156

1. Entity Name

DRAWBRIDGE SECURITY SYSTEMS, INC.

Principal Place of Business

**466 SPINNAKER DRIVE
 MARCO ISLAND FL 34145**

Mailing Address

**P O BOX 1631
 MARCO ISLAND FL 34146
 US**

2. Principal Place of Business

124 Point Pleasant Dr.
 Suite, Apt. #, etc.

3. Mailing Address

124 Point Pleasant Dr.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Key Largo FL

City & State

Key Largo FL

4. FEI Number

65-0883307

Applied For

Not Applicable

Zip

33037

Country

USA

Zip

33037

Country

USA

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
CHARLES E. DIRCKS
 Street Address (P.O. Box Number is Not Acceptable)
124 POINT PLEASANT DR
 City
KEY LARGO FL Zip Code
33037

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.
CHARLES E. DIRCKS

CHARLES E. DIRCKS PRESIDENT 4-29-02
 (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIRCKS, CHARLES E 466 SPINNAKER DRIVE MARCO ISLAND FL 34145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DIRCKS, SARAH E 466 SPINNAKER DRIVE MARCO ISLAND FL 34145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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

4-29-02 305-451-3173

Date

Daytime Phone #

CR2E034 (9/01)