

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jul 07, 2000 8:00 am
Secretary of State

05-15-2000 90143 048 ***150.00

DOCUMENT # P99000015905

1. Entity Name

SECURITY INNOVATORS INC.

R

Principal Place of Business

711-1 COCO PLUM CIRCLE
 PLANTATION FL 33324

Mailing Address

711-1 COCO PLUM CIRCLE
 PLANTATION FL 33324-3752

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

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, PAUL R
 711-1 COCO PLUM CIRCLE
 PLANTATION FL 33324

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

Paul R. Thomas - President

(NOTE: Registered Agent signature required when reinstating)

DATE

4-5-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
President	Paul R. Thomas	711-1 Coco Plum Circle	Plantation, FL 33324	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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)(f), 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 titles empowered.

SIGNATURE:

Paul R. Thomas

4-5-00

954 423-0091

Date

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

P99000015905 / 307946

Form **SS-4**

Application for Employer Identification Number

(Rev. February 1998)
Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)
▶ Keep a copy for your records.

EIN
OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)	Paul R.	
2 Trade name of business (if different from name on line 1)	Security Innovators Inc.	
3 Executor, trustee, "care of" name		
4a Mailing address (street address) (room, apt., or suite no.)	711-1 Coco Plum Circle	
5a Business address (if different from address on lines 4a and 4b)		
4b City, state, and ZIP code	Plantation FL 33324	
5b City, state, and ZIP code		
6 County and state where principal business is located	Broward Florida	
7 Name of principal officer, general partner, grantor, owner, or trustee — SSN or ITIN may be required (see instructions) ▶	Paul R. Thomas 038-38-7693 President	

8a Type of entity (Check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 8a.

- Sole proprietor (SSN)
- Partnership
- REMIC
- State/local government
- Church or church-controlled organization
- Other nonprofit organization (specify) ▶
- Other (specify) ▶
- Estate (SSN of decedent)
- Personal service corp.
- National Guard
- Farmers' cooperative
- Federal government/military
- Plan administrator (SSN)
- Other corporation (specify) ▶
- Trust
- (enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State	Florida	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)

- Started new business (specify type) ▶ S corporation
- Banking purpose (specify purpose) ▶
- Changed type of organization (specify new type) ▶
- Purchased going business
- Created a trust (specify type) ▶
- Other (specify) ▶
- Hired employees (Check the box and see line 12.)
- Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year) (see instructions) 06-01-00

11 Closing month of accounting year (see instructions) 12-31

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) N/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural	Agricultural	Household
0		

14 Principal activity (see instructions) ▶ Security consulting

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used

Yes No

16 To whom are most of the products or services sold? Please check one box.

Public (retail) Other (specify) ▶ Business (wholesale) N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.

Yes No

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code) 954 423-0091

Fax telephone number (include area code) N/A

Name and title (Please type or print clearly.) ▶ Paul R Thomas, President

Signature ▶ [Signature] Date ▶ 6-5-00

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying