

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90006 030 \*\*\*150.00

**DOCUMENT # P99000037455**

**1. Entity Name**  
**TEC PORT SECURITY INC.**

**Principal Place of Business**  
**6601 DREWRY BLUFF**  
**BRADENTON FL 34203**

**Mailing Address**  
**6601 DREWRY BLUFF**  
**BRADENTON FL 34203**

**2. Principal Place of Business**  
**4121 VALLARTA CT**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**4121 VALLARTA CT**  
 Suite, Apt. #, etc.

**City & State**  
**SARASOTA FL**

**City & State**  
**SARASOTA FL**

**Zip**  
**34233**

**Country**  
**SARASOTA**

**Zip**  
**34233**

**Country**  
**SARASOTA**

**4. FEI Number** **65-0916750**

**Applied For**  
☐ **Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**RAGUSO, SAMUEL P**  
**6601 DREWRY BLUFF**  
**BRADENTON FL 34203**

**7. Name and Address of New Registered Agent**

**Name** **CARMEN CUSMANO**

**Street Address (P.O. Box Number is Not Acceptable)**  
**4121 VALLARTA CT**

**City** **SARASOTA** **FL** **Zip Code** **34233**

**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** *Carmen Cusmano* **7-20-01**  
 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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>RAGUSO, SAMUEL P</b> <b>6601 DREWRY BLUFF</b> <b>BRADENTON FL 34203</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete

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

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>RAGUSO SAMUEL P</b> <b>10766 GLASSY KNOLL CT</b> <b>BAUGHTON MICH 48114</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V.R</b> <b>CARMEN CUSMANO</b> <b>4121 VALLARTA CT</b> <b>SARASOTA FL 34233</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<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:** *Carmen Cusmano* **7-17-01** **810-220 3435**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0125867 AT

CR2E034 (5/01)

Attachment  
#P99000037455  
773071

To Whom It May Concern,

7-18-01

Since April of 2000, my wife & I have been traveling back & forth from Florida to Michigan. She has developed a serious health problem & we have spent a great deal of time at the University of Michigan Health Center. Due to her health, our first grandchild & her mother's health, we moved back to Michigan in Feb of 2001. Because of these circumstances I failed to notify your dept of our change of address. On top of that for whatever the reason the 2001 UBL form was not forwarded to us even though we had a change of address at the post office. I am truly sorry that this happened & by this letter I am asking you to please consider waiving the \$500.00 late fee. Thank you for your consideration.

Sincerely  
Sam S. Segrano

PS THE INFORMATION HAS BEEN BROUGHT UP TO DATE ON THE  
2001 UBL REPORT