

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/21

FILED

Jun 21, 2000 8:00 am  
Secretary of State

05-02-2000 90139 025 \*\*\*150.00

DOCUMENT # P99000061360

1. Entity Name

CRIME DETERRENT SYSTEMS, INC.

(R)

Principal Place of Business

774 BELTED KINGFISHER DR. NORTH  
PALM HARBOR FL 34683

Mailing Address

774 BELTED KINGFISHER DR. NORTH  
PALM HARBOR FL 34683-6260

2. Principal Place of Business

774 BELTED KINGFISHER DR. N.  
Suite, Apt. #, etc.

3. Mailing Address

SAME  
Suite, Apt. #, etc.

City & State PALM HARBOR, FL

Zip 34683 Country U.S.A.  
PINE HILLS -

City & State SAME

Zip SAME Country SAME

4. FEI Number

59-3647962

☒ Applied For  
☒ Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

OSTROW, GARY S ESQ.  
3000 N.E. 30TH PLACE, STE. 301  
FT. LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name See block 6  
Street Address (P.O. Box Number is Not Acceptable)  
BLOCK 6

City BLOCK 6 FL Zip Code BLOCK 6

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	PD	<input type="checkbox"/> Delete
NAME	OSTROW, ROBERTA	
STREET ADDRESS	774 BELTED KINGFISHER DR. NORTH	
CITY-ST-ZIP	PALM HARBOR FL 34683	
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
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 727-781-7744  
Date Daytime Phone #

CR2E034 (9/99)