

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066857

1. Entity Name

DIGITAL SECURITY SOLUTIONS, INC.

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90283 045 ***150.00

Principal Place of Business

4699 N FEDERAL HWY
STE 107
POMPANO BEACH FL 33064
US

Mailing Address

4699 N FEDERAL HWY
STE 107
POMPANO BEACH FL 33064
US

00016757



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0936584

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

CHARLES W. GOFORTH

Street Address (P.O. Box Number is Not Acceptable)

4699 N. FEDERAL HIGHWAY

STE 107

City

POMPANO BEACH

FL

Zip Code
33064

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, 2001 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
NAME GOFORTH, CHARLES W
STREET ADDRESS 4699 N FEDERAL HWY STE 107
CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Delete

TITLE VD
NAME KILPECK, ROBERT J
STREET ADDRESS 4699 N FEDERAL HWY STE 107
CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Delete

TITLE STD
NAME KILPECK, CHRISTINE E
STREET ADDRESS 4699 N FEDERAL HWY STE 107
CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Delete

TITLE D
NAME GOFORTH, LOUISE B
STREET ADDRESS 4699 N FEDERAL HWY STE 107
CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Christine E. Kilpeck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christine E. Kilpeck

Date

Daytime Phone #

1-30-01 9547843260

CR2E034 (10/00)