## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## DOCUMENT # P9900092487

1. Entity Name

Principal Place of Business

ANCHOR LOCK & SURVEILLANCE SYSTEMS, INC.



FILED Jan 31, 2003 8:00 am Secretary of State

01-31-2003 90152 006 \*\*\*150.00

111 BRINY AVESTE.1808 POMPANO BEACH FL 33062		111 BRINY AVESTE.1808 POMPANO BEACH FL 33062				1 (1848)		1837 1881 1883	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. 1	FEI Number 65-0960495	<b>—</b>	oplied For		
Zip	Country	Zip	Zip Counti			5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
				Name					
DI BELLO	, JULIUS	Stroot Address			200 (B.O. B	(P.O. Box Number is Not Acceptable)			
111 BRIN'	Y AVE.,STE.1808	Street Add			ess (r.o. b	ss (P.O. Box Number is Not Acceptable)			
POMPANO	D BEACH FL 33062					***			
				City FL Zip C			Zip Cod	е	
O The desired state of the des					sistered se			and nation!	
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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
E	ILE NOW!!! FEE IS \$150.00	ине ине и другодого.	. registero	a Agent digridials to	Janea Wiletria	Direction (Market Control of Cont			
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State						9. Election Campaign Financing Trust Fund Contribution.	<b>\$5.0</b> Added	<b>0</b> May Be I to Fees	
10.	DIRECTORS	11.		AD	DDITIONS/CHANGES TO OFFICERS AND I	DIRECTOR	S IN 11		
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12. Thereby 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 10 or Block 11 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

1-26.03

536-6573

Day

R2F034 (10/02)