

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91074 018 \*\*\*150.00

**DOCUMENT # S32305**  
 1. Entity Name  
**FLORIDA STATE FIRE & SECURITY, INC.**

Principal Place of Business <b>3921 S.W. 47TH AVENUE SUITE 1004 DAVIE FL 33314</b>	Mailing Address <b>3921 S.W. 47TH AVENUE SUITE 1004 DAVIE FL 33314</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0247770</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**DON LANGBERG**  
**3921 SW 47TH AVE**  
**DAVIE FL 33314**

**7. Name and Address of New Registered Agent**  
 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 *[Signature]* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WOLK, STEVE</b> <b>11041 N.W. 21ST</b> <b>PEMBROKE PINES FL 33026</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LANGBERG, TERRY</b> <b>3921 S.W. 47TH AVENUE</b> <b>DAVIE FL 33314</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DON LANGBERG</b> <b>3921 SW 47TH AVE</b> <b>DAVIE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *[Signature]* **STEVE WOLK** **4-28-01** **954-791-1213**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment

844933  
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# 832305

When I first mailed  
out this check it was  
sent out with the wrong  
P.O. Box number and was  
returned. Please accept  
this payment as of  
April 28<sup>th</sup>, the original  
envelope was misplaced.  
If there are any questions  
please contact me at  
954-791-1313 X.21  
SADYE MINSAL