

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90668 011 ***150.00

0320394 AV

DOCUMENT # V04159

1. Entity Name

VIGILANT TECHNOLOGIES, INC.

Principal Place of Business

**4800 S.W. 51ST STREET
 SUITE 106
 DAVIE FL 33314
 US**

Mailing Address

**4800 S.W. 51ST STREET
 SUITE 106
 DAVIE FL 33314
 US**

2. Principal Place of Business

14940 SW 21st St.

Suite, Apt. #, etc.

3. Mailing Address

14940 SW 21st St.

Suite, Apt. #, etc.

City & State

Davie FL

City & State

Davie FL

Zip

33326

Country

US

Zip

33326

Country

US

4. FEI Number

65-0314306

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KLEIN, ESQ., CHRISTOPHER J.
 100 N. BISCAYNE BLVD.
 21ST FLOOR
 MIAMI FL 33309**

7. Name and Address of New Registered Agent

Name

SCHWARTZ, BRIAN I.

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

14940 SW 21st St.

City

Davie

FL

Zip Code

33326

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

Brian I. Schwartz

Brian I. Schwartz, President

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, 2002 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 **P** ☐ Delete
 NAME **SCHWARTZ, BRIAN I**
 STREET ADDRESS **14940 SW 21 ST.**
 CITY-ST-ZIP **DAVIE FL 33326-2012**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Brian I. Schwartz

Brian I. Schwartz

4/4/02

954-648-6218

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)