

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90161 002 \*\*\*150.00

**DOCUMENT # V26617**

1. Entity Name  
**SECURITY TECHNOLOGIES, INC.**

Principal Place of Business	Mailing Address
STATE ROAD 7 SUITE 6236 BOCA RATON FL 33498	20423 STATE ROAD 7 SUITE 6236 BOCA RATON FL 33498-6797

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		20423 STATE ROAD 7 # FL - 236	
City & State		BOCA RATON, FL	
Zip	Country	Zip	Country
33498		33498	



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0324777	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  
**TUCKER, MARV E**  
~~18400 E COVINGTON TRACE~~  
**BOCA RATON FL 33498**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**STREET # SHOULD READ: 18499**  
 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 \_\_\_\_\_ 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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>D</b>					
<b>TUCKER, MARV E</b>					
<b>18499 E COVINGTON TRACE</b>					
<b>BOCA RATON FL 33498</b>					
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Delete			<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] DATE: Apr. 24-00 DAYTIME PHONE: 561-479-4432  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)