

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90290 039 \*\*\*150.00

UNIFORM AT

**DOCUMENT # V37353**

1. Entity Name  
**A.V.S. SECURITY SYSTEMS, INC.**



Principal Place of Business  
**5747 N ANDREWS WY  
FT LAUDERDALE FL 33309  
US**

Mailing Address  
**5747 N ANDREWS WY  
FT. LAUDERDALE FL 33309  
US**

**11019309**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**65-0357815**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEWMAN ROGER  
5747 N ANDREWS WY  
FT LAUDERDALE FL 33309**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	ROBERT NEWMAN		
5747 N ANDREWS WY	5747 N ANDREWS WY		
FT LAUDERDALE FL 33309	FT LAUDERDALE FL 33309		
TD	JAMES PASQUARELLO		
5747 N ANDREWS WY	5747 N ANDREWS WY		
FT LAUDERDALE FL 33309	FT LAUDERDALE FL 33309		
SD	ROGER NEWMAN		
1211 MEADOWBROOK ROAD N.E.	1211 MEADOWBROOK ROAD N.E.		
PALM BAY FL	PALM BAY FL		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* **SIGNATURE REQUIRED** Date: **4/15/03** Daytime Phone #: **305 525-7811**

CR2E034 (10/02)