

2001 UNIFORM BUSINESS REPORT (UBR)

0032464 SP

DOCUMENT # L0000006697

1. Entity Name
SECURITY & DATA SOLUTIONS, LLC

FILED

01 JAN 18 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
23423 SERENC MEADOW DRIVE SOUTH
BOCA RATON FL 33428

Mailing Address
23423 SERENC MEADOW DRIVE SOUTH
BOCA RATON FL 33428

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **APPLIED FOR** Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALPER, DEAN R.
45200 JOG ROAD, SUITE B-7
DELRAY BEACH FL 33446

DEC

Name: **NORMAN SCHULMAN**
Street Address (P.O. Box Number is Not Acceptable): **23423 SERENC MEADOW DR. S.**
City: **BOCA RATON, FL** Zip: **33428**

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: **NORMAN SCHULMAN** *[Signature]* DATE: **1/14/01**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE: **MGR** Delete
NAME: **NORMAN SCHULMAN**
STREET ADDRESS: **23423 SERENC MEADOW DR. S.**
CITY-ST-ZIP: **BOCA RATON, FL 33428**

TITLE: Change Addition
NAME: **400003572504--9**
STREET ADDRESS: **-01/24/01--01015--013**
CITY-ST-ZIP: *******50.00 *****50.00** Change Addition

TITLE: **MGR** Delete
NAME: **KEVIN HATTON**
STREET ADDRESS: **4209 NW 120 LANE**
CITY-ST-ZIP: **SUNRISE FL 33323**

TITLE: Change Addition
NAME: *[Signature]*
STREET ADDRESS: *[Signature]*
CITY-ST-ZIP: *[Signature]*

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

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

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CITY-ST-ZIP: Change Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **NORMAN SCHULMAN** *[Signature]* DATE: **1/14/01** 501 477-464

CR2E083 (11/00)