

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90182 001 \*\*\*635.00

**DOCUMENT #**  
1. Entity Name *P98000077711*  
*SECURITY 100, INC*

**DO NOT WRITE IN THIS SPACE**

|   |                           |                                   |         |
|---|---------------------------|-----------------------------------|---------|
| 2. Principal Place of Business<br><i>5747 N ANDREWS WAY</i> |                           | 3. Mailing Address<br><i>SAME</i> |         |
| Suite, Apt. #, etc.   |                           | Suite, Apt. #, etc.               |         |
| City & State<br><i>FT. LAUDERDALE, FL</i>                   |                           | City & State                      |         |
| Zip<br><i>33309</i>   | Country<br><i>BROWARD</i> | Zip                               | Country |

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|  |                                       |
|--|---------------------------------------|
| 4. FEI Number  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

|   |
|---|
| Name<br><i>MICHAEL UOELL</i>  |
| Street Address (P.O. Box Number is Not Acceptable)<br><i>5745 N. UNIVERSITY DR.</i> |
| City<br><i>DAVIE</i>  |
| State<br><i>FL</i>  |
| Zip Code<br><i>33328</i>  |

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|   |  |  |
|---|--|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <p><b>January 1 - May 1 Fee is \$150.00</b><br/><b>After May 1, Fee is \$550.00</b><br/><b>Amended UBR is \$61.25</b><br/><b>Make Check Payable to Department of State</b></p> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|--|

| 11. OFFICERS AND DIRECTORS                     |  |  |                                       |
|--|--|--|---------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>PRESIDENT</i><br><i>ROBERT NENMAN</i><br><i>5747 N. ANDREWS WAY</i><br><i>FT LAUDERDALE, FL 33309</i> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>VP</i><br><i>JAMES PASQUARELLO</i><br><i>5747 N. ANDREWS WAY</i><br><i>FT. LAUDERDALE, FL 33309</i>   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *JAMES PASQUARELLO* *4-29-02* *954-351-1111*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)