2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

2033 MAIN ST.

SUITE 600

F57486 **DOCUMENT #**

1. Entity Name

SUITE 201

SOUND ALERT, INC.

Principal Place of Business

2300 BEE RIDGE ROAD



FILED Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90128 044 ***150.00

	3856 			
CHECK HERE IF MAKING CHA				
FEI Number 59-2141626	Applied For			
Certificate of Status Desired S8.75 Additional Fee Required				
Name and Address of New Registered Agent				
ox Number is Not Acceptable)				
FL Z	p Code			
ent, or both, in the State of Florida. I am familia				
9. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be			

US	L 04201	US		:	
2. Principal	Place of Business	3. Mailing Address	·	T HORSING SIGN BISH ERDIS ESDOT FOLKE BISH DIGHT BERKE BERKE DIGHT BISH BERKE BIGHT BISH BISH BISH BISH BISH BISH BISH BISH	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & Sta	te	City & State		4. FEI Number 59-2141626 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	
PELIANES (ASSESSE)		Name_	Name		
PFLUGNER, J GEOFFREY		Street A	Street Address (P.O. Box Number is Not Acceptable)		
2033 MAIN 51.					
SUITE 600					
	A FL 34237	1e	City	FL Zip Code	
8. The above	e named entity submits this stat tions of registered agent.	ement for the purpose of changing	ts registered office o	or registered agent, or both, in the State of Florida. I am familiar with, and accept	
ine obliga	nons of registered agent.			,	
SICIVATURE					
	Signature, typed or printed name of regist	tered agent and title if applicable. (NO	OTE: Registered Agent signal	ature required when reinstating) DATE	
Afte	ILE NOW!!! FEE IS \$150 r May 1, 2003 Fee will be \$ k Payable to Florida Depart	550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.		RS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	STD CASO, B LESLEY	☐ Delete	TITLE	☐ Change ☐ Addition	
	2300 BEE RIDGE ROAD S	LIITE 201	NAME STREET ADDRESS		
	SARASOTA FL 34239	OIIL 201	CITY-ST-ZIP		
TITLE	PVD	Delete	TITLE	☐ Change ☐ Addition	
NAME	CASO, ANGELO A	,	NAME		
STREET ADDRESS	2300 BEE RIDGE ROAD SI	UITE 201	STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34239		CITY-ST-ZIP	·	
TITLE		Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME	The second of th	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		
TITLE			CITY-ST-ZIP		
NAME		☐ Delete	TITLE	☐ Change ☐ Addition	
STREET ADDRESS			NAME Street Address		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<u>_</u>	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME	Change Adultion	
STREET ADDRESS			STREET ADDRESS	,	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		
13 Lboroby o	artific that the information of		CITY-ST-ZIP		

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9419281229