

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L96000000434**

1. Entity Name
SAFETY WARNING SYSTEM, L.C.

FILED

01 FEB 14 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2400 N. BEACH RD., UNIT #12 ENGLEWOOD FL 34223
Mailing Address: 2400 N. BEACH RD., UNIT #12 ENGLEWOOD FL 34223

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **31-1468840** Applied For Not Applicable

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

LEE, JANICE
2400 N. BEACH RD., UNIT #12
ENGLEWOOD FL 34223

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.

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

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

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-02/20/01--01097--011
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MEM Delete
NAME B.E.L.-TRONICS LIMITED
STREET ADDRESS 2422 DUNWIN DR
CITY-ST-ZIP MISSISSAUGA, ONTARIO L5L1J9

TITLE Change Addition
NAME
STREET ADDRESS 5440 WEST CHESTER RD
CITY-ST-ZIP WEST CHESTER OHIO 45069-2900

TITLE MEM Delete
NAME SANYO TECNICA USA, INC.
STREET ADDRESS 5420 W. SOUTHERN AVE., STE. 104
CITY-ST-ZIP INDIANAPOLIS IN 46241

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MEM Delete
NAME WHISTLER CORPORATION
STREET ADDRESS 46 ELIZABETH DR
CITY-ST-ZIP CHELMSFORD MA 01824

TITLE Change Addition
NAME
STREET ADDRESS 25 INDUSTRIAL AVE
CITY-ST-ZIP

TITLE MEM Delete
NAME UNIDEN AMERICA CORP
STREET ADDRESS 4700 AMON CARTER BLVD
CITY-ST-ZIP FT. WORTH TX

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Janice Lee* *President* *2/10/01* *9414731553*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #