

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

Mailing Address

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

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

Zip

Country

Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable.

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5440 WEST CHESTER RD
CITY-ST-ZIP WEST CHESTER OHIO 45069-2920

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

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

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #