

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2002 8:00 am**  
**Secretary of State**

08-18-2002 90128 009 \*\*\*150.00

DOCUMENT # P00000112778

1. Entry Name  
 FLORIDA BUDGET ALARM'S INC.

974842



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1245 PALM BAY RD NE SUITE G-104 PALM BAY FL 32905	Mailing Address 1245 PALM BAY RD NE SUITE G-104 PALM BAY FL 32905
--	--

2. Principal Place of Business 2441 Allan Adala Road State, Apt. #, etc.	3. Mailing Address 2441 Allan Adala Road State, Apt. #, etc.
City & State Melbourne FL 32935	City & State Melbourne FL 32935
Zip 32935	Zip 32935
Country USA	Country USA

4. FEI Number 52-2324333	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIPOSTA, SAMUEL L  
 1245 PALM BAY RD NE  
 SUITE - G104  
 PALM BAY FL 32905

7. Name and Address of New Registered Agent

Name: Riposta Samuel L  
 Street Address (P.O. Box Number is Not Acceptable): 2441 Allan Adala Road  
 City: Mel FL Zip Code: 32935

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]* DATE: 6/12/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

FILE	NAME	TITLE	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PO	RIPOSTA, SAMUEL L		1245 PALM BAY ROAD NE SUITE G104	PALM BAY FL 32905	<input type="checkbox"/>
FILE	NAME	TITLE	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
FILE	NAME	TITLE	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
FILE	NAME	TITLE	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
FILE	NAME	TITLE	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
FILE	NAME	TITLE	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

FILE	NAME	TITLE	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2441 Allan Adala Road			Mel FL	32935	<input type="checkbox"/>	<input type="checkbox"/>
FILE	NAME	TITLE	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
FILE	NAME	TITLE	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
FILE	NAME	TITLE	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
FILE	NAME	TITLE	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE: *[Signature]* DATE: 6/12/02 321-726-8008

Attachment 974842  
#PO0000112778

98917214242

REMOVE THIS STUB BEFORE CASHING



Travelers Express Money Order

INTERNATIONAL  
MONEY ORDER

9891721424  
MONEY ORDER

88-1055  
0571270319

M 10734

PAY TO THE ORDER OF: Frank Dept of State - Corp

PURCHASER, SIGNER FOR DRAWER: [Signature]  
PURCHASER BY SIGNING YOU AGREE TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE

ADDRESS: Florida State Bank

ISSUER/DRAWER: TRAVELERS EXPRESS COMPANY, INC.  
Payable through COMPASS BANK Dallas, Texas

⑆1119605551989 17214242⑆

90

IMPORTANT - SEE BACK BEFORE CASHING

XXXX150000

ONE HUNDRED \*\*\*\*\*

FIFTY DOLLARS \*\*

00 CENTS \*\*\*\*\*

978503127070001  
0633001224169424

REMOVE THIS STUB BEFORE CASHING

[Handwritten signature]

Attachment

**FLORIDA BUDGET ALARM COMPANY**

97843

#00000127H

2441 ALAN ADALE ROAD  
MELBOURNE, FLORIDA 32935

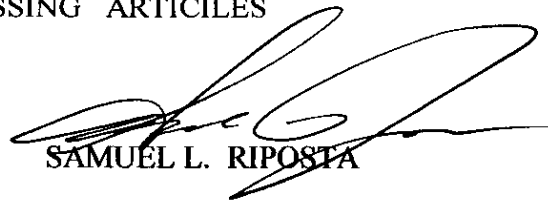
Phone 321-726-8008  
Fax 321-837-0046  
1-800-581-1211

8-13-02

Dear sirs;

ENCLOSED PLEASE FIND COPY OF CASHIERS CHECK MADE OUT IN JUNE OF 2002 FOR THE FEE OF 150.00. IN ADDITION I HAVE ENCLOSED ANOTHER ADDITIONAL 150.00 THIS TIME WITH A BUSINESS CHECK, WHEREBY WHEN IT IS CASHED ILL HAVE A STAMPED COPY. I HAVE SENT NOTICE TO TRAVELERS EXPRESS AND THE FIRST CHECK IS STILL NOT CLEARED ,THEY CANT DO A REFUND OR ANYTHING FOR THREE MONTHS!! ....I HEREBY REQUEST YOU TO WAVE SAID PENALTY FEE AND USE THIS SECOND CHECK FOR 150.00

SORRY ABOUT THE LOST OR MISSING ARTICILES



SAMUEL L. RIPOSTA