FILED
May 29, 2003 8:00 am
Secretary of State
05-02-2003 90706 025 ***150.00

5/2/2

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000070017

55044680

1. Entity Name
AMERICAN CENTRAL ALARM SYSTEMS, INC.

Principal Place of Business	Mailing Address
13180 N. CLEVELAND AVE. SUITE 111 N. FORT MYERS, FL 33903	1732 S.W. 40TH TERRACE CAPE CORAL, FL 33914

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 14 184 6084 ☐ Applied For ☐ Not Applicable

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
HULBURT, MARIANNE 1732 S.W. 40TH TERRACE CAPE CORAL, FL 33914	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITION S/ CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HURLBURT, MICHAEL W 1730 S.W. 40TH TERRACE CAPE CORAL, FL 33914	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HURLBURT, MARIANNE 1730 S.W. 40TH TERRACE CAPE CORAL, FL 33914	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or added in the attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/30/03 239-945-7233

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING THE REPORT — Date — Daytime Phone #

CR2E034 (01/03)