2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State
03-28-2002 90161 042 ***150.00

DOCUMENT # P94000076166

1. Entity Name

SUMMIT SECURITY ALARM & HOME AUTOMATION SYSTEMS, INC.

Principal Place of Business	Mailing Address
11461 NW 29TH MANOR SUNRISE FL 33323 US	11461 NW 29TH MANOR SUNRISE FL 33323 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8501 N.W. 83 Street Suite, Apt. #, etc.	8501 N.W. 83 Street Suite, Apt. #, etc.
City & State: Tamarac, FL	City & State: Tamarac, FL
Zip: 33221 Country: USA	Zip: 33321 Country: USA

4. FEI Number 65-0527071 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHERNIN, ROBERT A
11461 N.W. 29TH MANOR
SUNRISE FL 33323

8501 NW 83 Street
Tamarac, FL 33321

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code 33321

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

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHERNIN, ROBERT A 11461 N.W. 29TH MANOR SUNRISE FL 33323	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 8501 N.W. 83 Street Tamarac, FL 33321
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST LARIT, LENORE J 11461 NW 29TH MANOR SUNRISE FL 33323	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 8501 N.W. 83 Street Tamarac, FL 33321
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LOWE, DAVID 2830 RIVERSIDE DR CORAL SPRINGS FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2558 N.W. 88 Terrace Coral Springs, FL 33065
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 empowered.

SIGNATURE: Lenore J. Larit LENORE J. LARIT 3/18/02 954 591 1855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)