

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024669

1. Entity Name

USALARM OF NORTH FLORIDA INC.

FILED
Jun 07, 2000 8:00 am
Secretary of State

05-09-2000 90069 014 ***150.00

Principal Place of Business

Mailing Address

3868 W. GRAND CENTRAL PL.
JACKSONVILLE FL 32246

3868 W. GRAND CENTRAL PL.
JACKSONVILLE FL 32246-7638

2. Principal Place of Business

3868 W. Grand Central Pl.

3. Mailing Address

P.O. Box 5543

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3564203

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

TISON, BRIAN C

3868 W. GRAND CENTRAL PL.

JACKSONVILLE FL 32246

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

Brian C. Tison President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

May 31, 2000

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, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Brian C. Tison President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Apr 25, 2000 502-6795

CR2E034 (9/99)