2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J55772

1. Entity Name

ALARM-TRAC SECURITY SYSTEMS, INC.



FILED Feb 26, 2003 8:00 am Secretary of State

02-26-2003 90131 012 ***158.75

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Principal Place of Business P.O. BOX 1258 PALM HARBOR FL 34682			Mailing Address P.O. BOX 1258 PALM HARBOR FL 34682												
2. Principal Place of Business // Secretary Aue Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.)									
Suite, Apt.	# Jetc. HHRBO	L, FL	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES								
City & State			City & State				4. F	0952770171					lied For Applicable]	
3468	1683 Country		Zip	Zip Cour		y 5. Cei		ertificate o	of Status E	Desired	X	\$8.75 Fee Req	Addit		1
6. Name and Address of Current			Registered Agent				7. N	ame and	Address	of New F	Registere				┨
a the second sec						Name							, -	. =	
•	NANCY L					Street Address (P.O. Box Number is Not Acceptable)									-
	ORGIA AVE				<u> </u>										╛
PALM HA	ARBOR FL :	34683													
						City					F	Zip (Code		1
8. The above the bligat	e named entit tions of regis	y submits this statement f tered agent.	or the purpose	of changing its re	gistered	office or register	red age	ent, or both	, in the St	ate of Fig	orida. Lai	m familiar w	rith, ai	nd accept	1
SIGNIATURE															
SIGNATURE .	Signature, typed	or printed name of registered agen	and title if applicab	ole. (NOTE: R	Registered Ag	ent signature required	d when rein	nstating)			DATE				
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		!! FEE IS \$150.00 03 Fee will be \$550.00						9. Elec	tion Cam	paign Fir	nancing	\$	5.00	May Be	1
		os i ee will be \$550.00 o Florida Department d	f State					Trus	t Fund Co	ontributio	n.			o Fees	'
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

2/22/03 (727) 786-5454

☐ Change

☐ Addition