

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90404 002 ***150.00

DOCUMENT # 696942

1. Entity Name
 Signal 21 Security Systems, Inc.

Principal Place of Business Mailing Address
 247 E. Graves Ave. P.O. Box 740595
 Orange City, FL 32763 Orange City, FL 32774

2. Principal Place of Business 3. Mailing Address
 247 E. Graves Ave. P.O. Box 740595
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Orange City, FL Orange City, FL
 Zip Zip Country Country
 32763 32774 USA USA

4. FEI Number Applied For
 59-2132270 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
 Name - Patrick M. Burns, CPA, PA
 Street Address (P.O. Box Number is Not Acceptable)
 15116 E. Hillcrest Street
 Suite 307
 City Orlando FL Zip Code 32803

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 *Patrick M. Burns* DATE 04/23/01
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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	President	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	Andy Forrest		NAME		
STREET ADDRESS	300 W. Holly Drive		STREET ADDRESS		
CITY-ST-ZIP	Orange City, FL		CITY-ST-ZIP		
TITLE	Secretary & Treasurer	☒ Delete	TITLE	Secretary & Treasurer	☒ Change ☐ Addition
NAME	Kelley Bettes		NAME	Andy Forrest	
STREET ADDRESS	300 W. Holly Drive		STREET ADDRESS	300 W. Holly Drive	
CITY-ST-ZIP	Orange City, FL		CITY-ST-ZIP	Orange City, FL	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Andy Forrest* DATE 4/25/01 904-775-9666
 Signature and Typed or Printed Name of Signing Officer or Director Date Days/Hours

CR2E034 (11/00)