

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90271 012 \*\*\*\*61.25

**DOCUMENT # 760722**

1. Entity Name

**SPRING HILL ALERT RESIDENTS PATROL, INC.**



Principal Place of Business

**PO BOX 3422  
SPRING HILL FL 34606**

Mailing Address

**PO BOX 3422  
SPRING HILL FL 34606**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 3422**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Spring Hill, FL**

Zip

Country

Zip

Country

**34611**

**Hernando**

4. FEI Number **59-2296977**

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

**THUMM, RICHARD  
1418 MEADOWLARK RD  
SPRING HILL FL 34608**

Name

**WILLIAM MORRIS**

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

**11452 CAVERN RD.**

City

**SPRING HILL**

**FL**

Zip Code

**34609**

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

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

**William Morris, president**

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/10/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **MORRIS, WILLIAM**  
STREET ADDRESS **11452 CAVERN RD**  
CITY-ST-ZIP **SPRING HILL FL 34609**

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

TITLE **VP** ☒ Delete  
NAME **THUMM, RICHARD**  
STREET ADDRESS **1418 MEADOWLARK RD**  
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE **VP** ☒ Change ☐ Addition  
NAME **ROBERT H. ZABLOCKI**  
STREET ADDRESS **2131 ABBY AVE.**  
CITY-ST-ZIP **SPRING HILL, FL 34609**

TITLE **SD** ☒ Delete  
NAME **LOHLEIN, EDITH**  
STREET ADDRESS **476 RIO VISTA COURT**  
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **SD** ☒ Change ☐ Addition  
NAME **SONIA VIDAL**  
STREET ADDRESS **11184 ADDISON ST.**  
CITY-ST-ZIP **SPRING HILL, FL 34609**

TITLE **TD** ☐ Delete  
NAME **ZABLOCKI, JOYCE**  
STREET ADDRESS **2131 ABBY AVE**  
CITY-ST-ZIP **SPRING HILL FL 34609**

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**William Morris**

**1/10/03**

CR2E037 (10/02)