

**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

William Morris

William Morris, president

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

(NOTE: Registered Agent signature required when reinstating)

1/10/03

DATE

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
STREET ADDRESS
CITY-ST-ZIP

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
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

William Morris

1/10/03

CR2E037 (10/02)