

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 849063

1. Entity Name

ADT SPECIALTY AUCTIONS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90432 022 ***150.00

Principal Place of Business

Mailing Address

C/O ADT AUTOMOTIVE INC.
100 METROPLEX DRIVE
TN 37211

ONE TOWN CENTER ROAD
BOCA RATON FL 33486-1002
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

TYCO INTERNATIONAL (US) INC.
ONE TOWN CENTER ROAD
P.O. BOX 5035
BOCA RATON, FL 33431-0835



DO NOT WRITE IN THIS SPACE

4. FEI Number

38-1962772

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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	RICHARDSON, MICHAEL J.	435 METROPLEX DR.	NASHVILLE TN	<input type="checkbox"/>
VP	REESE, LARRY C.	435 METROPLEX DRIVE	NASHVILLE TN 37211	<input type="checkbox"/>
S	BUZZELL, JAMES R.	435 METROPLEX DR.	NASHVILLE TN 37211	<input checked="" type="checkbox"/>
TS	BUZZELL, JAMES R.	435 METROPLEX DR.	NASHVILLE TN	<input type="checkbox"/>
AT	ROBINSON, MICHAEL A.	1750 CLINT MOORE RD	BOCA RATON FL	<input type="checkbox"/>
AS	LENAR, JEFFREY J.	435 METROPLEX DR	NASHVILLE TN 37211	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Director				<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP/AT	Scott Stevenson	One Town Center Rd	Boca Raton FL 33486	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

Scott Stevenson
Vice President/Asst. Treasurer

Date

Daytime Phone #

4/25/00 (561) 988-7823

CR2E034 (9/99)