

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90122 025 \*\*\*150.00

**DOCUMENT # 849063**

1. Entity Name

**ADT SPECIALTY AUCTIONS, INC.**

Principal Place of Business

**C/O ADT AUTOMOTIVE INC.  
 435 METROPLEX DRIVE  
 NASHVILLE TN 37211  
 US**

Mailing Address

**ONE TOWN CENTER ROAD  
 BOCA RATON FL 33486  
 US**

2. Principal Place of Business

**1400 LAKE HEARN DR.**

Suite, Apt. #, etc.

**CORP. TAX. DEPARTMENT**

City & State

**ATLANTA, GA**

Zip

**30319**

Country

**USA**

3. Mailing Address

**1400 LAKE HEARN DR.**

Suite, Apt. #, etc.

**CORP. TAX DEPT.**

City & State

**ATLANTA, GA**

Zip

**30319**

Country

**USA**



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

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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, 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D/P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEAN H. EISNER</b>	
STREET ADDRESS	<b>1400 LAKE HEARN DR.</b>	
CITY-ST-ZIP	<b>ATLANTA, GA 30319</b>	
TITLE	<b>D/VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DARRYLL M. BECOLI</b>	
STREET ADDRESS	<b>1400 LAKE HEARN DR.</b>	
CITY-ST-ZIP	<b>ATLANTA, GA 30319</b>	
TITLE	<b>VP/T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERT E. GARTIN</b>	
STREET ADDRESS	<b>1400 LAKE HEARN DR.</b>	
CITY-ST-ZIP	<b>ATLANTA, GA 30319</b>	
TITLE	<b>S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDREW A. MERDER</b>	
STREET ADDRESS	<b>1400 LAKE HEARN DR.</b>	
CITY-ST-ZIP	<b>ATLANTA, GA 30319</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-17-01**

Date

**404-843-5000**

Daytime Phone

CR2E034 (10/00)