

2002 UNIFORM BUSINESS REPORT (UBR)

0014684 AT

DOCUMENT # A01000000701

1. Entity Name
ALARMING SOLUTIONS LTD.

FILED

02 MAY -1 AM 10: 54

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business
3414 SW 7TH AVENUE
CAPE CORAL FL 33914

Mailing Address
3414 SW 7TH AVENUE
CAPE CORAL FL 33914

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State
City & State

4. FEI Number
65-1100809

Applied For
Not Applicable

Zip
Country

Zip
Country

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

ELLSWORTH, JOHN E
3414 SW 7TH AVENUE
CAPE CORAL FL 33914

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.

DATE

9. Capital Contributions as Shown on record. \$900.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P01000048590	STREET ADDRESS	
NAME	ELLSWORTH COMMUNICATIONS & SECURITY, INC.	CITY - ST - ZIP	
STREET ADDRESS	3414 SW 7TH AVENUE		
CITY - ST - ZIP	CAPE CORAL FL 33914		
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NAME		CITY - ST - ZIP	
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***150.00 ***150.00

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Jennifer Ellsworth* 4-25-02 941-810-0259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)