

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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

01-15-2003 90286 040 \*\*\*150.00

**DOCUMENT # F00000002738**

1. Entity Name  
**911ALERT, INC.**



Principal Place of Business  
**5555 AVENUE DU SOLEIL  
LUTZ FL 33558**

Mailing Address  
**P O BOX 273911  
TAMPA FL 33688-3911**



2. Principal Place of Business  
**137 Golden Isles Dr.**

3. Mailing Address  
**P.O. Box 85009**

Suite, Apt. #, etc.  
**Suite 1605**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Hallandale Beach, Fl.**

City & State  
**Hallandale, Fl.**

4. FEI Number  
**88-0438094**

Applied For  
Not Applicable

Zip  
**33009**

Country  
**Broward**

Zip  
**33008**

Country  
**Broward**

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

**DALE, STEVEN D  
P O BOX 273911  
TAMPA FL 33688-3911**

Name **DALE, STEVEN D.**  
Street Address (P.O. Box Number is Not Acceptable)  
~~P.O. Box 137 Golden Isles Pr.~~  
**Suite 1605.**  
City **Hallandale, FL** Zip Code **33009**

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

**1/10/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|   |                                 |
|---|---------------------------------|
| TITLE<br><b>PD</b>                        | <input type="checkbox"/> Delete |
| NAME<br><b>DALE, STEVEN D</b>             |                                 |
| STREET ADDRESS<br><b>P O BOX 273911</b>   |                                 |
| CITY-ST-ZIP<br><b>TAMPA FL 33688-3911</b> |                                 |
| TITLE                                     | <input type="checkbox"/> Delete |
| NAME                                      |                                 |
| STREET ADDRESS                            |                                 |
| CITY-ST-ZIP                               |                                 |
| TITLE                                     | <input type="checkbox"/> Delete |
| NAME                                      |                                 |
| STREET ADDRESS                            |                                 |
| CITY-ST-ZIP                               |                                 |
| TITLE                                     | <input type="checkbox"/> Delete |
| NAME                                      |                                 |
| STREET ADDRESS                            |                                 |
| CITY-ST-ZIP                               |                                 |
| TITLE                                     | <input type="checkbox"/> Delete |
| NAME                                      |                                 |
| STREET ADDRESS                            |                                 |
| CITY-ST-ZIP                               |                                 |
| TITLE                                     | <input type="checkbox"/> Delete |
| NAME                                      |                                 |
| STREET ADDRESS                            |                                 |
| CITY-ST-ZIP                               |                                 |

|   |  |
|---|--|
| TITLE<br><b>PP</b>                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>DALE, Steven D.</b>              |  |
| STREET ADDRESS<br><b>P.O. Box 85009</b>     |  |
| CITY-ST-ZIP<br><b>Hallandale, Fl. 33008</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                                 |  |
| 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                                 |  |

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 607, 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/10/03** Daytime Phone #: **(954) 663-3252**

CR2E034 (10/02)