# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Sep 13, 2001 8:00 am**
**Secretary of State**
09-13-2001 90002 020 ***550.00

0133581 AT

DOCUMENT # F00000003113

1. Entity Name
ADVANTAGE ALARM SYSTEMS INCORPORATED

| Principal Place of Business | Mailing Address |
|---|---|
| ~~202 BEN BURTON CIRCLE~~ ~~BOGART GA 30622~~ 3722 atl Hwy Ste 1 Athens, Ga 30606 | ~~202 BEN BURTON CIRCLE~~ ~~BOGART GA 30622~~ 3722 Atlanta Hwy Ste 1 Athens, Ga 30606 |

ADVANTAGE ALARM SYSTEMS, INC.
Corporate Office
3722 Atlanta Hwy, Suite 1 & 2
Athens, GA 30606

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country: Clarke | Zip / Country |

4. FEI Number 58-2190999 ☐ 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 |
|---|---|
| MCDONALD, CARLOS<br>245 CHEVY CIRCLE<br>SATELITTE BEACH FL 32937 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 Carlos M C Donald 9-10-01
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 $550.00**<br>**After September 12, 2001 Fee will be $750.00**<br>**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 | CP<br>KISER, JERRY<br>1301 BENT CREEK ROAD<br>BOGART GA 30622 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VCV<br>MCDONALD, CARLOS<br>1271 HICKORY HILLS ROAD<br>DANIELSVILLE GA 30633 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP of Sales<br>Rob Campbell<br>3906 S. Apple Valley Rd<br>Commerce, Ga 30529 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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CR2E034 (5/01)

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 REQUIRED 9-10-01 706-548-2104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #