

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State
 01-17-2002 90022 013 ***150.00

0609127 AT

DOCUMENT # F01000005121

1. Entity Name
CAPITAL ALARMS, INC.

Principal Place of Business

**1130 SHADBUM AVE
 BUFORD GA 30518**

Mailing Address

**1485 JONES RD
 WINDER GA 30680**

907438



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1485 Jones Road

Suite, Apt. #, etc.

3. Mailing Address

1485 Jones Road

Suite, Apt. #, etc.

City & State

Winder, GA

City & State

Winder, GA

4. FEI Number

58-2257886

Applied For

Not Applicable

Zip

30680

Country

USA

Zip

30680

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**STRAWDERMAN, K.
 920 NE 120 ST
 MIA FL 33161**

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, 2002 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 **CP** ☐ Delete
 NAME **GLEASON, STEPHEN**
 STREET ADDRESS **1485 JONES RD**
 CITY-ST-ZIP **WINDER GA 30680**

TITLE **VST** ☐ Delete
 NAME **GLEASON, MARY B**
 STREET ADDRESS **1485 JONES RD**
 CITY-ST-ZIP **WINDER GA 30680**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN GLEASON President 1/9/02 770-868-4477

Date

Daytime Phone #

CR2E034 (9/01)