2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

F01000005121

1. Entity Name CAPITAL ALARMS, INC.



Principal Place of Business 1485 JONES RD WINDER GA 30680

Zip

Mailing Address 1485 JONES RD

WINDER GA 30680

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

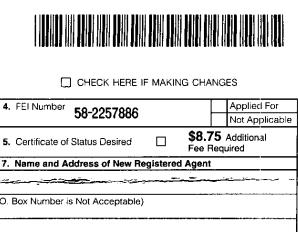
Zip

Country

6. Name and Address of Current Registered Agent

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90273 017 ***150.00



STRAWNERMAN K								
STRAWDERMAN, K. 920 NE 120 ST			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
MIA FL 33	3161							
		•	City		FL	Zip Code)	
8. The above the obligat	named entity submits this statement for the purpolons of registered agent.	ose of changing its re	gistered office or regist	ered agent, or both, in the State of Florida	I am fan	niliar with, a	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent and title if appli	licable. (NOTE: F	legistered Agent signature requir	red when reinstating)	DATE			
After	ILE-NOWIN-FEE IS \$150.00 // May 1, 2003 Fee will be \$550.00 Repayable to Florida Department of State			9. Election Campaign Finance Trust Fund Contribution.	ing 🖳		May Be — to Fees	
10.	OFFICERS AND DIRECTO	RS	11.	ADDITIONS/CHANGES TO OFFICE	RS AND D	IRECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP GLEASON, STEPHEN 1485 JONES RD WINDER GA 30680	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST GLEASON, MARY B 1485 JONES RD WINDER GA 30680	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
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TITLE NAME STREET ADDRESS (CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP] Change	Addition .	

Country

12. I hereby certify that the information supplied with this filling 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 on 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Prosiden

1/8/03

770-368-447

Change

☐ Addition