

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000001912

1. Entity Name

AUTOMATED MONITORING AND CONTROL INTERNATIONAL,

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90119 015 ***150.00

Principal Place of Business

11819 MIAMI STREET
OMAHA NE 68164

Mailing Address

11819 MIAMI STREET
OMAHA NE 68114-2356

2. Principal Place of Business

9119 Western Ave
Suite, Apt. #, etc.

3. Mailing Address

9119 Western Ave
Suite, Apt. #, etc.

City & State
Omaha, NE 68114

City & State
Omaha, NE

4. FEI Number 47-0702559

Applied For
Not Applicable

Zip 68114 Country USA

Zip 68114 Country USA

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2000 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 P
NAME TENNISON, LYNDEN L
STREET ADDRESS 11819 MIAMI STREET
CITY-ST-ZIP OMAHA NE 68164 ☐ Delete

TITLE S
NAME BARR, WILLIAM G
STREET ADDRESS 1416 DODGE ST
CITY-ST-ZIP OMAHA NE 68179 ☐ Delete

TITLE C
NAME KORALESKI, JACK
STREET ADDRESS 1416 DODGE STREET
CITY-ST-ZIP OMAHA NE ☐ Delete

TITLE D
NAME GAGEN, GEORGE
STREET ADDRESS 7930 CLAYTON RD
CITY-ST-ZIP ST LOUIS MO 63117 ☐ Delete

TITLE D
NAME WRENN, JOYCE
STREET ADDRESS 1416 DODGE STREET
CITY-ST-ZIP OMAHA NE ☒ Delete

TITLE D
NAME KORALESKI, JACK
STREET ADDRESS 1416 DODGE ST
CITY-ST-ZIP OMAHA NE 68179 ☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME Tennison, Lynden L
STREET ADDRESS 9119 Western Ave
CITY-ST-ZIP Omaha, NE 68114

TITLE D ☒ Change ☐ Addition
NAME Barr, William G
STREET ADDRESS 1416 Dodge St
CITY-ST-ZIP Omaha, NE 68179

TITLE D ☒ Change ☐ Addition
NAME Koraleski, Jack
STREET ADDRESS 1416 Dodge St
CITY-ST-ZIP Omaha, NE 68179

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

TITLE C ☐ Change ☒ Addition
NAME Bryan Jr, L Merill
STREET ADDRESS 1416 Dodge St
CITY-ST-ZIP Omaha, NE 68179

TITLE D ☐ Change ☒ Addition
NAME Butler, Eric L
STREET ADDRESS 1416 Dodge St
CITY-ST-ZIP Omaha, NE 68179

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

LYNDEN TENNISON

3/8/2000

Date

402-926-5656

Daytime Phone #

CR2E034 (9/99)