

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F95000002306**

1. Entity Name

AUTOMATIC FIRE ALARM ASSOCIATION, INC.

Principal Place of Business

2499 OLD LAKE MARY
SUITE 102
SANFORD FL 32771
US

Mailing Address

P.O. BOX 951807
LAKE MARY FL 32795-1807

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-3630660

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****NEIBAUER, LAWRENCE L
841 EAGLE CLAW CT.
LAKE MARY FL 32746-4881****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

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CD
MUNDY JR, JAMES M
1594 OLD MILL RD
WANTAGH NY 11793-3237** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VCD
KOFFEL, WILLIAM E
3300 N RIDGE RD., SUITE 120
ELLICOTT CITY MD 21043** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
BECKER, DAVID E
868 S. 21ST ST.
LOUISVILLE KY** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
NEIBAUER, LAWRENCE L
841 EAGLE CLAW CT.
LAKE MARY FL 32746-4881** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BOYER, ROBERT
7852 BROWING RD
PENNSAUKEN NJ 08109** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BOURGEOIS, ROGER
STATION 1 BOX 10157
HOUMA LA 70363** ☐ Delete**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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 617, 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:

L. L. NEIBAUER **L. L. NEIBAUER** 4/30/01 (492) 322-6288**FILED**
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90102 029 ****61.25

C0065622

DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)