

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 10, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # F95000003345****1. Entity Name**  
**SENTRY EQUIPMENT CORP.****Principal Place of Business**

P.O. BOX 127

**Mailing Address**

P.O. BOX 127

OCONOMOWOC  
53066

WI

OCONOMOWOC  
53066

WI

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****39-0343280**

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****HAKIM MORRIS**  
**1012 BEL AIR DRIVE****HIGHLAND**  
**33487**

US

FL

**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 MORRIS HAKIM**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**03/10/2000**

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	V	<input type="checkbox"/> Delete
NAME	HAKIM MORRIS	
STREET ADDRESS	1012 BEL AIR DR.	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	

TITLE	V	<input type="checkbox"/> Delete
NAME	FELDMAN MYRON	
STREET ADDRESS	N23 W28221 BEACH PARK DR.	
CITY-ST-ZIP	PEWAUKEE WI 53072	

TITLE	DPCT	<input type="checkbox"/> Delete
NAME	FARRELL MIKE	
STREET ADDRESS	2180 LE CHATEAU DR.	
CITY-ST-ZIP	BROOKFIELD WI	

TITLE	S	<input type="checkbox"/> Delete
NAME	MCDERMOTT SHERRI	
STREET ADDRESS	N4036 WEST WATER ST.	
CITY-ST-ZIP	SULLIVAN WI	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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:** Mike Farrell

DPCT 03/10/2000