## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **F96000002132** May 01, 2000 8:00 am Secretary of State ALARM FINANCING SERVICES, INC. 05-01-2000 90392 045 \*\*\*150.00 Mailing Address Principal Place of Business 4269 WOODHOLLOW DR. P.O. BOX 547 MANTUA OH 44255 MANTUA OH 44255-0547 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 34-1778648 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SNYDER, JAY D Street Address (P.O. Box Number is Not Acceptable) RIDEN, EARLE & KIEFNER, P.A. 100 2ND AVE S., NORTH TOWER ST. PETERSBURG FL 33701 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PDC** Change ☐ Addition TITLE Delete TITLE WOOSTER, JAMES T NAME NAME 4150 Tims Rd. STREET ADDRESS STREET ADDRESS <del>9725 ROLLIN RD</del>. WAITE HILL OH 44094 SAATA JUEZ, CA. 93460 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE TITLE **WOOSTER, MARSHA** NAME 19725 ROLLIN AD. 4150 Tims Rd. STREET ADDRESS STREET ADDRESS WAITE HILL OH 44094 SANTA YNEZ I CA. 93460 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE REMUS, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: KoBert G. Kemus KOBERT A. REMUS 04/19/00 330-562-2032