

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98840

1. Entity Name
LECTRON ALERT SERVICES, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90022 019 ***150.00

Principal Place of Business

3800 FOWLER ST
STE 6
FT. MYERS FL 33901
US

Mailing Address

3800 FOWLER ST
STE 6
FT. MYERS FL 33901
US

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 **59-2570496**

Applied For

Not Applicable

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

AUBRY, ROBERT
242 SE 6 TERR
CAPE CORAL FL 33990

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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's 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	AUBRY, ROBERT	
STREET ADDRESS	242 SE 6 TERR	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	AUBRY, VALERIE	
STREET ADDRESS	242 SE 6 TERR	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aubry, Robert	
STREET ADDRESS	242 SE 6th Terr.	
CITY-ST-ZIP	Cape Coral, FL 33990	
TITLE	VTS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aubry, Valerie	
STREET ADDRESS	242 SE 6th Terr	
CITY-ST-ZIP	Cape Coral, FL 33990	
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:

Valerie Aubry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01

Date

941-936-6115

Daytime Phone #

CR2E034 (10/00)