## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # H98947**

1. Entity Name

LINUS ALARM CORP

## **Secretary of State** 01-27-2000 90006 020 \*\*\*150.00 Principal Place of Business Mailing Address P O BOX 5159 18824 COUNTY LINE RD. SPRING HILL FL 94600 346/0 SPRING HILL FL 34611-5159 2. Principal Place of Business 3. Mailing Address POBOX Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number FL 59-2646040 PRING Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAZZUĆO PHILIP Street Address (P.O. Box Number is Not Acceptable) 6484 LAUREL OAK DR. SPRING HILL FL 34607 Zip Code City FI 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PTD ☐ Addition TITLE □ Delete MAZZUCO, PHILIP NAME NAME 6484 LAUREL OAK DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL TITLE Change ☐ Addition ☐ Delete TITLE MAZZUCO, MICHAEL NAME NAME 6499 SUGAR TREE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP... SPRING HILL FL .... ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS

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 all other like empowered.

CITY-ST-ZIP

SIGNATURE: \_ SIGNATURE AND TYPED OR PRIN

FILED

Jan 27, 2000 8:00 am

Daytime Phone #