2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 23, 2002 8:00 am Secretary of State DOCUMENT # H98947 1. Entity Name 01-23-2002 90005 020 ***150.00 LINUS ALARM CORP Principal Place of Business Mailing Address 18824 COUNTY LINE RD. P O BOX 5159 SPRINGHILL FL 34611 **BROOKSVILLE FL 34610** 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 59-2646040 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MAZZUCO PHILIP Street Address (P.O. Box Number is Not Acceptable) 6484 LAUREL OAK DR. SPRING HILL FL 34607 Zip Code City FL 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 \$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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition TITLE ☐ Delete TITLE MAZZUCO, PHILIP NAME STREET ADDRESS STREET ADDRESS 6484 LAUREL OAK DR CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME MAZZUCO, MICHAEL STREET ADDRESS STREET ADDRESS 6499 SUGAR TREE DR. CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME MAME 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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE REQUIRED

☐ Delete

Date Daytime Phone #

☐ Change

☐ Addition