

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J52679

1. Entity Name

SECURITY ANSWERING SERVICE, INC. OF SARASOTA

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90095 010 ***150.00

| | |
|-----------------------------------|-----------------------------------|
| Principal Place of Business | Mailing Address |
| 1716 3RD ST. SARASOTA FL 34236 | 1716 3RD ST. SARASOTA FL 34236 |

| | |
|--|--|
| 2. Principal Place of Business 1716 Fruitville Rd. Suite, Apt. #, etc. | 3. Mailing Address 1716 Fruitville Rd. Suite, Apt. #, etc. |
|--|--|

| | |
|-----------------------------|-----------------------------|
| City & State Sarasota FL | City & State Sarasota FL |
| Zip 34236 | Zip 34236 |
| Country Sarasota | Country Sarasota |

| | |
|---|--|
| 4. FEI Number 59-2766573 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DUGGAN, LANCE
1716 3RD ST.
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name
LANCE DUGGAN

Street Address (P.O. Box Number is Not Acceptable)
1716 Fruitville Rd.

City
SARASOTA FL

Zip Code
34236

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) 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 NAME STREET ADDRESS CITY-ST-ZIP | PD DUGGAN, LANCE 1716 3RD ST. SARASOTA FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD DUGGAN, LISA 1716 3RD ST. SARASOTA FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Lance Duggan 1716 Fruitville Rd Sarasota, FL. 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD Lisa Duggan 1716 Fruitville Rd. Sarasota, FL. 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: LANCE DUGGAN 3-1-00 941-365-0885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)