

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # K38462**

1. Entity Name

**ALARM MASTERS, INC.****FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90107 031 \*\*\*150.00

Principal Place of Business 40 HIGH POINT RD #5 TAVERNIER FL 33070 US	Mailing Address 40 HIGH POINT RD #5 TAVERNIER FL 37640-7401 US
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2. Principal Place of Business P.O. Box 828 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 828 Suite, Apt. #, etc.
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City & State Tavernier, FL	City & State Tavernier, FL 33070
Zip 33070	Country Monroe

4. FEI Number 65-0076307	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 MYERS, PHILIP W. 40 HIGH POINT RD #5 TAVERNIER FL 33070
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2232 Swoope Drive City New Smyrna Beach FL Zip Code 32168
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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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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: Philip W. Myers 4-12-00 305-852-8840  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #