2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

K69869 **DOCUMENT #**

1. Entity Name

AMERICAN BURGLAR ALARMS, INC.



FILED Feb 14, 2003 8:00 am Secretary of State
02-14-2003 90178 001 ***150.00



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Principal Place of Business 1500 RUE VENDOME PEMBROKE PINES FL 33026		1500	Mailing Address 1500 RUE VENDOME PEMBROKE PINES FL 33026							
2. Principal Place of Business		3. Mail	3. Mailing Address				i idžidiji dio dilio ibidi lelia elito ibis -	i Bidii Bidi) bidii i	aran anastráar	
Suite, Apt. #	, etc.	Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State		City	City & State				4. FEI Number 65-0102771 Applied For Not Applicable			
Zip	Country		Count		try	5. C	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Curi	rent Registers	ot Registered Agent			7. Name and Address of New Registered Agent				
6. Name and Address of Content registered Agent					Name					
BROCK, CHARLES E.			Street Address			ess (P.O. Bo	(P.O. Box Number is Not Acceptable)			
1500 RUE VENDOME PEMBROKE PINES FL 33026										
					City			Zip Co		
8. The above the obligation	named entity submits this stateme ons of registered agent.	ent for the purp	ose of changing it	s register	ed office or reg	istered age	ent, or both, in the State of Florida. 1 a	m familiar with	, and accept	
SIGNATURE _	Signature, typed or printed name of registered	agent and title if app	olicable. (NO	TE: Registere	ed Agent signature re	quired when rei	instating) DAT	E		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			-			Election Campaign Financing Trust Fund Contribution.		00 May Be ed to Fees		
			NDC	11.			DITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 11	
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NAME	BROCK, CHARLES E.				EET ADDRESS				;	
STREET ADDRESS	1500 RUE VENDOME PEMBROKE PINES FL				(-ST-ZIP				(:	
CITY-ST-ZIP							- A	Change	Addition	
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NAME	BROCK, BILLIE G.			NAN	1				i	
STREET ADDRESS	1500 RUE VENDOME				EET ADDRESS Y-ST-ZIP	*				
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12. hereby	certify that the information supplie	d with this filing	g does not qualify the	for the ex	emption stated	in Section	119.07(3)(i), Florida Statutes. I further legal effect as if made under oath; the	certify that the	e information er or director	

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 10 or Block 11 if changed, or on an attachment with a address, with all other like empowered.

SIGNATURE:

02/10/2003 954 933-1198

Daytime Phone #