

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K89948

1. Entity Name

A & E ALARM AND SECURITY, INC.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90066 035 \*\*\*150.00

Principal Place of Business

677 GAINES ST NW  
PORT CHARLOTTE FL 33952  
US

Mailing Address

P O BOX 381056  
MURDOCK FL 33938-1056  
US

2. Principal Place of Business

2595 Tamiami Trail

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit C

City & State

Port Charlotte, FL

City & State

Zip

Zip

Country

CHARLOTTE

Country

4. FEI Number

65-0117780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROTHFUSS, ARTHUR J.  
677 GAINES ST NW  
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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) ☒

**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 P  
NAME WAMPNER, MARK D  
STREET ADDRESS 677 GAINES ST NW  
CITY-ST-ZIP PT CHARLOTTE FL 33952 ☐ Delete

TITLE VP  
NAME ADKINS, JAMES A  
STREET ADDRESS 4217 NETTLE RD  
CITY-ST-ZIP PORT CHARLOTTE FL 33953 ☐ Delete

TITLE ST  
NAME ROTHFUSS, KATHLEEN S.  
STREET ADDRESS 677 GAINES ST NW  
CITY-ST-ZIP PT CHARLOTTE FL ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 11, 00 (941) 625-4000  
Date Daytime Phone #

CF 014 (9/99)