

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 13, 2001 8:00 am**
Secretary of State

04-13-2001 90091 026 ***150.00

DOCUMENT # K89948

1. Entity Name

A & E ALARM AND SECURITY, INC.

Principal Place of Business

**2596 TAMiami TR
UNIT C
PORT CHARLOTTE FL 33952
US**

Mailing Address

**P O BOX 381056
MURDOCK FL 33938-105
US**

00000073



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0117780**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROTHFUSS, ARTHUR J.
677 GAINES ST NW
PORT CHARLOTTE FL 33952**Name **MARK D. WAMPNER**Street Address (P.O. Box Number is Not Acceptable)
3317 NORTH CHAMBERLAIN BLVD.City **NORTH PORT, FL** Zip Code **34286**

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 **MARK D. WAMPNER PRESIDENT** *Mark D Wampner* **4/9/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WAMPNER, MARK D 677 GAINES ST NW PT CHARLOTTE FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARK D. WAMPNER 3317 NORTH CHAMBERLAIN BLVD. NORTH PORT, FLORIDA 34286 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADKINS, JAMES A 4217 NETTLE RD PORT CHARLOTTE FL 33953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROTHFUSS, KATHLEEN S. 677 GAINES ST NW PT CHARLOTTE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Mark D Wampner* **PRES. MARK D. WAMPNER** **4/9/01** **(941) 625-4000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)