

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90125 046 *****50.00

DOCUMENT # L00000013399

1. Entity Name

VAC-ALERT OF FLORIDA, L.C.

Principal Place of Business

**1199 EGRET CIR S
 JUPITER FL 33458**

Mailing Address

**P.O. BOX 946
 SAFETY HARBOR FL 34695**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 1309

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JUPITER, FL

Zip

Country

Zip

Country

33468

USA

4. FEI Number

65-1052478

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REARICK, JEFFREY
 1199 EGRET CIR S
 JUPITER FL 33458**

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

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete
 NAME **PELLINGTON, GEORGE S**
 STREET ADDRESS **2617 BARKSDALE CT**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **P** ☒ Change ☐ Addition
 NAME **PELLINGTON, GEORGE S.**
 STREET ADDRESS **1023 10TH COURT**
 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **V** ☐ Delete
 NAME **REARICK, JEFFREY K**
 STREET ADDRESS **1199 EGRET CIRCLE SO**
 CITY-ST-ZIP **JUPITER FL 33458**

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature]

03/17/02 561-630-3053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)