

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90233 021 ****50.00

DOCUMENT # L01000015716

1. Entity Name

WINCHESTER ALARM SYSTEMS, LLC

Principal Place of Business

**5130 COMMERCIAL DRIVE, SUITE E
 MELBOURNE FL 32940
 US**

Mailing Address

**5130 COMMERCIAL DRIVE, SUITE E
 MELBOURNE FL 32940
 US**

943130

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE H

Suite, Apt. #, etc.

SUITE H

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3746313

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

**NEWTON, JOHN E
 4320 WOODLAND PARK DRIVE
 WEST MELBOURNE FL 32904**

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 NEWTON, JOHN E
 4320 WOODLAND PARK DRIVE
 WEST MELBOURNE FL 32904** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
~~VICE PRESIDENT
 MIKE CONN
 704 DANESBROOK WAY
 MELBOURNE, FL 32940~~ ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VICE PRESIDENT
 MIKE CONN
 704 DANESBROOK WAY
 MELBOURNE, FL 32940** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

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

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 REQUIRED

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

Date

Daytime Phone #

4/10/02 321 752-8718

CR2E083 (9/01)