## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **L34088** Apr 25, 2000 8:00 am Secretary of State 1. Entity Name A-ALERT ELECTRIC, INC. 04-25-2000 90140 014 \*\*\*158.75 Principal Place of Business Mailing Address 2350 NW 60TH AVE 1084 SUNSET STRIP SUNRISE FL 33313-2941 SUNRISE FL 33313 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0162300 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROYES, WEBSTER Street Address (P.O. Box Number is Not Acceptable) 2350 NW 60TH AVE SUNRISE FL 33313 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DP ☐ Addition ☐ Delete TITI F TITLE ROYES, WEBSTER NAME NAME STREET ADDRESS 2350 NW 60TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL ☐ Delete ■ Addition ☐ Change TITLE TITLE ROYES, MARTHA NAME NAME STREET ADDRESS STREET ADDRESS 2350 NW 60TH AVE CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date