

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L69582

1. Entity Name

COMPLETE PROTECTION ALARMS, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90007 014 ***150.00

Principal Place of Business

% CHARLES T. BOYLE
115 WEST OLYMPIA AVENUE
PUNTA GORDA FL 33950

Mailing Address

% CHARLES T. BOYLE
115 WEST OLYMPIA AVENUE
PUNTA GORDA FL 33950-4430

036887



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o Darol H. M. Carr

3. Mailing Address

c/o Darol H. M. Carr

Suite, Apt. #, etc.

2315 Aaron Street

Suite, Apt. #, etc.

2315 Aaron Street

City & State

Port Charlotte, FL 33952

City & State

Port Charlotte, FL 33952

4. FEI Number

65-0198834

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

BOYLE, CHARLES T.
115 WEST OLYMPIA AVENUE
PUNTA GORDA FL

Name

DAROL H. M. CARR

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

2315 Aaron Street

City

Port Charlotte

FL

Zip Code
33952

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
BEGLEY, TIMOTHY R.
27424 TIERRA DEL FUEGO
PORT CHARLOTTE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
OSBORN, PHYLLIS
15507 ROSE DRIVE
ALLEN PARK MI ☐ Delete

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

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

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:

TIMOTHY R. BEGLEY

1/24/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)