

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90201 003 ***158.75

DOCUMENT # L69669

1. Entity Name

SARASOTA ELECTRONICS AND ALARM SUPPLY, INC.

Principal Place of Business

C/O FLOYD A. PERNA JR.
2081 12TH ST
SARASOTA FL 34237-2701
US

Mailing Address

C/O FLOYD A. PERNA JR.
4392 PINE MEADOW LANE
SARASOTA FL 34233

2. Principal Place of Business

C/O Lorgio Caballero Jr.

3. Mailing Address

C/O Lorgio Caballero Jr.

Suite, Apt. #, etc.

2081 12th St.

Suite, Apt. #, etc.

1770 Logsdon St.

City & State

Sarasota FL

City & State

North Port FL

Zip

34237

Country

US

Zip

34287

Country

U.S

4. FEI Number

65-0191079

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERNA, FLOYD A. JR.
4392 PINE MEADOW LANE
SARASOTA FL 34233

7. Name and Address of New Registered Agent

Name

Caballero, Lorgio Jr.

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

1770 Logsdon St.

City

North Port

FL

Zip Code

34287

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 Lorgio Caballero President

[Signature]

2-23-01

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, 2001 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
P	PERNA, FLOYD A. JR.	4392 PINE MEADOW LANE	SARASOTA FL	
ST	PERNA, NANCY	4392 PINE MEADOW LANE	SARASOTA FL	<input checked="" type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P	Lorgio Caballero Jr.	1770 Logsdon St.	North Port FL 34287		
S	Heather L. Caballero	1770 Logsdon St.	North Port FL 34287	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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: *[Signature]* President

2-23-01

941-365-1559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)