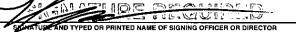
2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am Secretary of State DOCUMENT # L69669 1. Entity Name SARASOTA ELECTRONICS AND ALARM SUPPLY, INC. 02-21-2002 90005 025 ***150.00 Principal Place of Business Mailing Address C/O LORGIO CABALLERO JR C/O LORGIO CABALLERO JR 2081 12TH ST 2081 12TH ST SARASOTA FL 34237 SARASOTA FL 34237 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0191079 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent -7,_Name and Address of New Registered Agent _ CABALLERO, LORGIO JR Street Address (P.O. Box Number is Not Acceptable) 1770 LOGSDON ST NORTH PORT FL 34287 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE TITLE ☐ Addition ☐ Delete CABALLERO, LORGIO JR NAME NAME STREET ADDRESS 1770 LOGSDON ST STREET ADDRESS NORTH PORT FL 34287 CITY-ST-ZIP CITY-ST-ZiP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME CABALLERO, HEATHER L STREET ADDRESS STREET ADDRESS 1770 LOGSDON ST CITY-ST-ZIP CITY-ST-ZIP North Port FL 34287 - Change - - 🗀 Addition TITLE Delete -THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 eath; 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

SIGNATURE:



changed, or on an attachment with an address, with all other like empowered

FILED