2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # L74850

1. Entity Name

BUZZ-OFF ALARM SYSTEMS, INC.

1						WE THE				
Principal Place of Business 7212 N. DALE MABRY HWY. TAMPA FL 33614 US			Mailing Address 7212 N DALE MABRY HWY. TAMPA FL 33614 US				i 188))Bh Bh (Bah Alba (Bhai Ann Bah Bah)	AJĒU BIGU GIGU		
• -	DI / D									
2. Principal Place of Business			3. Mailing Address					L 198111911 BIT 18811 BIBBT 18181 BITT BETT BETT BETT BETT BETT BETT BETT	UIDI: UIUII UIQII	ATAIT BLATE 1985
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State				4.	4. FEI Number 59-3020667 Applied F		
Zip	Zip Country				Count	Country		Certificate of Status Desired	\$8.75 A	
6. Name and Address of Current			Registered Agent		<u> </u>		7. Name and Address of New Registered		Fee Required	
····			~			Name		Trains and Address of New Negisterer	- Agent	
LEHRER, ANDREW MARK					-	Ctroot Address	(0.0.1	Day November 2 All and a second		
3520 N PERRY AVE						Street Address (P.O. Box Number is Not Acceptable)				
TAMPA FL 33603						<u> </u>				**-
•						City			Zip Co	do.
						•		F	┕	
the obligation	e named entity tions of regist	y submits this statement for ered agent.	the purp	ose of changing its	registere	d office or regist	ered aç	gent, or both, in the State of Florida. I an	n familiar with	and accept
J		<u> </u>		Andrew	Luch	ror Dro	M	ent 1-6-	200	>
SIGNATURE		or printed name of registered agent a	nd title if app			Agent agnature requir			200	<u> </u>
F	ILE NOW!!	! FEE IS \$150.00								
After May 1, 2003 Fee will be \$550.00								9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
Make Check	k Payable to	Florida Department of						trust Fund Contribution.	⊔ Adde	ed to Fees
10.	·	OFFICERS AND D			11.			DDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 11
TITLE	P	HDDDW MADY		☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS	LEHRER, <i>A</i> 3520 N PE	NDREW MARK			NAME					
CITY-ST-ZIP	TAMPA FL	INNI AVE			CITY-S	ADDRESS				
TITLE	173911 74 1 2			☐ Delete	TITLE	71-211		•,	Charac	
NAME				□ Delete	NAME			•	☐ Change	☐ Addition
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP	!				CITY-S	T-ZIP				
TITLE	- 2		• - · .	☐ Delete	TITLE		•		☐ Change	Addition
NAME					NAME				,-	
STREET ADDRESS					4	ADDRESS				İ
CITY-ST-ZIP		****			CITY-S	T-ZIP				
TITLE				☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS					NAME	1000000				1
CITY-ST-ZIP					STREET CITY-S	ADDRESS T-7IP				
TITLE		-		☐ Delete	TITLE				Chappe	☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

ZIGHATURE REQUIRINGEN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

FILED

Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90050 042 ***150.00

☐ Change

☐ Change

☐ Addition

☐ Addition