# 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

# Jan 23, 2003 8:00 am Secretary of State 01-23-2003 90162 017 \*\*\*\*61.25

DOCUMENT # NOOOOOO3789  1. Entity Name  ALARM COMMUNITY DEVELOPMENT CENTER, INC.							<b>\</b>	1-23-2003 9016			ŧ
Principal Place of Business 1609 BRANCH STREET TALLAHASSEE FL 32303			1609 8	Mailing Address 1609 BRANCH STREET TALLAHASSEE FL 32303				<b>B</b> irs <b>Ağ</b> rı <b>G</b> ilir <b>Ağ</b> rı <b>P</b> icsi	09117 AB100 (1112 1000) 14	111 <b>0</b> 3 <b>0</b> 10 1 <b>00</b> 0	
2. Principal I	Place of Busin	ness	3. Ma.	iling Address							
Suite, Apt. #, etc.			Si	Suite, Apt. #, etc.			<u>-</u>	☐ CHECK HERE IF MAKING CHANGES			
City & State			Ci	City & State			4. FEI Number 5	9-3636164		pplied For ot Applicable	}
Zip	Zip Country		Zi	Zip		untry	5. Certificate of S	Status Desired [	\$8.75 Ad	ditional	1
	6. Name	and Address of Curre	nt Register	ed Agent			7. Name and Ad	dress of New Regis	tered Agent		
OTENADO	T 411414 10					Name					
STEWART, ALVIN JR 2306 BRYNMAHR DR TALLAHASSEE FL 32303						Street Address (P.O. Box Number is Not Acceptable)					
IACLAŅA	NOOEE PL 32	:303				City	<del></del>	<del></del>	FL Zip Coo	de .	
	e named entity	y submits this statement	t for the purp	pose of changing its	register	red office or regi	stered agent, or both, in	n the State of Florida.		and accept	1
i iio obliga	ino, io oi rogioi	orod agom.				ŕ,					
SIGNATURE		or printed name of registered age	ent and title if an			ed Asset size-ture		<del></del>	DATE		
l			Circums and a dep	dicable. (NOI	E: Registere	ad Agent signature ter	uired when reinstating)		DATE		
					<u> </u>			No.			] 
	FILE NOW	: FEE IS \$61.25			mpaign f	Financing	\$5.00 May Be Added to Fees		Check Payable Department of		 
10.				9. Election Car Trust Fund C	mpaign f	Financing tion.	<b>\$5.00</b> May Be	Florida C	Check Payable Department of	State	
10. TITLE NAME STREET ADDRESS	PD Stewart, 2306 Bryn	OFFICERS AND I		9. Election Car Trust Fund C	mpaign F Contribut 11. TITL NAM STRI	Financing tion.   E  E  EET ADDRESS	\$5.00 May Be Added to Fees	Florida C	Check Payable Department of	State	037 (10/02)
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD STEWART, 2306 BRYN TALLAHAS VD STEWART, 2306 BRYN	OFFICERS AND I ALVIN JR IMAHR DR SEE FL 32303 ALVIN JR IMAHR DR		9. Election Car Trust Fund C	mpaign f Contribut  11. TITL NAM STRI CITY TITL NAM STRI	Financing tion.   E.E. A.E. EET ADDRESS (ST-ZIP)  E.E. A.E. EET ADDRESS	\$5.00 May Be Added to Fees	Florida C	Check Payable Department of	State	CR2E037 (10/02)
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TO. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	PD STEWART, 2306 BRYN TALLAHAS VD STEWART, 2306 BRYN TALLAHAS SD STEWART, 2306 BRYN TALLAHAS TD SAMSON, 2131 N ME	OFFICERS AND I  ALVIN JR IMAHR DR SEE FL 32303  ALVIN JR IMAHR DR SEE FL 32303		9. Election Car Trust Fund C	mpaign f Contribut  11. TITL NAM STRI CITY TITL NAM STRIC	Financing tion.   E. A.E. EET ADDRESS Y-ST-ZIP  E. A.E. EET ADDRESS /-ST-ZIP  E. A.E. EET ADDRESS /-ST-ZIP	\$5.00 May Be Added to Fees	Florida C	Check Payable Department of a  NO DIRECTORS IN  Change	State  N 10 Addition Addition	
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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 617, 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.

**SIGNATURE:** 

ANTERE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(80)561-8901