

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

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90164 034 ****61.25

DOCUMENT # N95000001984

1. Entity Name

EMERGENCY COMMUNICATIONS SYSTEMS, INC.



Principal Place of Business

**112 CARSWELL AVE
HOLLY HILL FL 32117
US**

Mailing Address

**P.O. BOX 6045
DAYTONA BEACH FL 32122
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3338752**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIEHM, TRACEY S
112 CARSWELL AVE
HOLLY HILL FL 32117**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Tracey S Riehm

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **RYAN, JAMES R**
CITY-ST-ZIP **P.O. BOX 429 N/A
DELAND FL 32720**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Ms. Gail Computaro**
CITY-ST-ZIP **POB 671
Daytona Beach, FL 32115**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **REES, RON R**
CITY-ST-ZIP **P.O. BOX 2830 N/A
DAYTONA BEACH FL 32120**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Mr. James Vandergriff**
CITY-ST-ZIP **20 Richmond Dr.
New Smyrna Beach, FL 32169**

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **DAVIS, BILL**
CITY-ST-ZIP **1101 S RIDGEWOOD AVE
EDGEWATER FL 32132**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Mr. Terry Henry**
CITY-ST-ZIP **701 Pelican Bay Dr.
Daytona Beach, FL 32119**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SHEDD, JOHN G M.D.**
CITY-ST-ZIP **4525 NW 32ND CT
OCALA FL 34482**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Mr. John Shedd**
CITY-ST-ZIP **9128 NW Hwy 225A
Ocala, FL 34482**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HENRY, TERRY**
CITY-ST-ZIP **721 PELICAN BAY DR.
DAYTONA BEACH FL 32119**

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

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **MCCLEHAND, THOMAS**
CITY-ST-ZIP **424 PELICAN BAY DRIVE
DAYTONA BEACH FL 32119**

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

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 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:

Tracey S Riehm

1/13/03

386-252-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)