

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90914 006 ***150.00

DOCUMENT # P00000018822

1. Entity Name
FEDERAL FIRE ALARM AND SECURITY SYSTEMS, INC.

Principal Place of Business Mailing Address
P. O. BOX 22131 P. O. BOX 22131
LAKE BUENA VISTA FL 32830 LAKE BUENA VISTA FL 32830

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 59-3626344 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAUMRUK, ANDREW J
717 E. OAK ST.
KISSIMMEE FL 34744

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.

SIGNATURE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, HERBERT	
STREET ADDRESS	704 ROYAL PALM DR.	
CITY-STATE-ZIP	KISSIMMEE FL 34743	
TITLE	D	<input type="checkbox"/> Delete
NAME	HATCHER, ELIZABETH	
STREET ADDRESS	704 ROYAL PALM DR.	
CITY-STATE-ZIP	KISSIMMEE FL 34743	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	PSTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hill, Herbert	
STREET ADDRESS	231 Burning Tree Dr.	
CITY-STATE-ZIP	Kissimmee, FL 34743	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hatcher, Elizabeth	
STREET ADDRESS	231 Burning Tree Dr.	
CITY-STATE-ZIP	Kissimmee, FL 34743	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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: Bart D. Hill Bart D. Hill 4/25/2001 800-700-5712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)