

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000068929

1. Entity Name

4-U ALARM, INC.

Principal Place of Business

11672 COLLEGE PARK TR. STE M  
ORLANDO FL 32826

Mailing Address

PMB 183. 425 CHICKSAW TR  
ORLANDO FL 32825-7852

2. Principal Place of Business

9509 ROSEWALK CT

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORLANDO, FL 32825

City & State

4. FEI Number

59-3658911

Applied For

Not Applicable

Zip

32825

Country

USA

Zip

Country

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

NOWAKOWSKI, JASON  
11672 COLLEGE PARK TR, STE M  
ORLANDO FL 32826

Name

NOWAKOWSKI, JASON

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

9509 ROSEWALK CT.

City

ORLANDO, FL 32825 FL 32825

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 ☐ Delete  
NAME NOWAKOWSKI, JASON  
STREET ADDRESS 11672 COLLEGE PARK TR, STE M  
CITY-ST-ZIP ORLANDO FL 32826

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME NOWAKOWSKI, JASON  
STREET ADDRESS 9509 ROSEWALK CT.  
CITY-ST-ZIP ORLANDO, FL 32825

TITLE D ☒ Delete  
NAME CHILDERS, LEE  
STREET ADDRESS 11672 COLLEGE PARK TR, STE M  
CITY-ST-ZIP ORLANDO FL 32826

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

TITLE D ☒ Delete  
NAME KINGSBURY, KEN  
STREET ADDRESS 11672 COLLEGE PARK TR, STE M  
CITY-ST-ZIP ORLANDO FL 32826

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

13. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)