

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000082216

1. Entity Name

ADDRESS LIGHT & EMERGENCY RESPONSE TECHNOLOGIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3684 BARBIZON CIRCLE N.

Suite, Apt. #, etc.

3. Mailing Address

3684 BARBIZON CIRCLE N.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32257

Country

USA

Zip

32257

Country

USA

4. FEI Number

59-3737577

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

TORY A. CARTER

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

3684 BARBIZON CIRCLE N.

City

JACKSONVILLE

FL

Zip Code

32257

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE PD
NAME TORY A. CARTER
STREET ADDRESS 3684 BARBIZON CIRCLE N.
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE SD
NAME GERALDINE CARTER
STREET ADDRESS 3684 BARBIZON CIRCLE N.
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE VD
NAME EUGENE HILKER
STREET ADDRESS 25626 OAK ALLEY
CITY-ST-ZIP LEEsburg, FL 34748

TITLE TD
NAME DOROTHY HILKER
STREET ADDRESS 25626 OAK ALLEY
CITY-ST-ZIP LEEsburg, FL 34748

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700042366607
11/01/04--01082--004 ***300.00

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 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 #

FILED

04 NOV -1 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04
DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)



Income Tax Services
Financial & Insurance Services
Accounting & Bookkeeping Services

JAMES K. REESE, EA

1201 North Third Street • Jacksonville Beach, Florida 32250 • (904) 241-0050 • Fax (904) 241-0752

October 29, 2004

Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Address Light & Emergency Response Technologies, Inc. –
2003 & 2004 Uniform Business Report
Document #: P01000082216

Dear Sir or Madam:

Please find the enclosed Check for \$300.00 for the above referenced Corporation's 2003 and 2004 Uniform Business Reports. Due to an address change, the Taxpayer never received the 2003 or subsequent annual reports. We request your assistance in abating the Late Filing Penalty. Your cooperation and understanding is appreciated in advance.

If you have any questions, please do not hesitate to contact me.

Sincerely,

James K. Reese, EA

Enclosures:
Check for \$300.00