

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90119 041 ***150.00

DOCUMENT # P02000089190

1. Entity Name
AAA-ALARM SYSTEMS, CORP.

ARTICLES OF AMENDMENT
FILED DEC 12, 2002



Principal Place of Business
1900 S HARBOUR CITY BLVD #106
MELBOURNE FL 32901

Mailing Address
1900 S HARBOUR CITY BLVD #106
MELBOURNE FL 32901

62002103



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 360517

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

MELBOURNE, FLORIDA

4. FEI Number

22 3865841

Applied For

Not Applicable

Zip

Country

Zip

Country

32936

BREVARD

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

CRUICKSHANK, BRYAN C
1900 S HARBOUR CITY BLVD #106
MELBOURNE FL 32901

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
CRUICKSHANK, BRYAN C
1900 S HARBOUR CITY BLVD #106
MELBOURNE FL 32901

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.V.S.
CRUICKSHANK, BRYAN C.
1900 S. HARBOR CITY BLVD #106
MELBOURNE, FL 32901

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
CRUICKSHANK, KIM M.
1900 S. HARBOR CITY BLVD. #106
MELBOURNE, FL. 32901

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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 607, 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:

BRYAN C. CRUICKSHANK (PV.S.)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAN 10, 2002

321 757-8611

CR2E034 (10/02)