04/23/2003 14:18 FAX

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 28, 2003 8:00 am**
**Secretary of State**
04-28-2003 90978 022 ***150.00

DOCUMENT # P02000090592

1. Entity Name
CAPE ALARMS, INC.

**DO NOT WRITE IN THIS SPACE**

11021879

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1722 Del Prado Blvd. | 1800 Northgate Blvd. |
| Suite, Apt. #, etc. Suite #2 | Suite, Apt. #, etc. Unit UN-2 |
| City & State Cape Coral, FL | City & State Sarasota, FL |
| Zip 33990 Country | Zip 34234 Country |

4. FEI Number 13-4208772 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: David Wilcox, Esq.
Street Address (P.O. Box Number is Not Acceptable): 1301 6th Avenue West
City: BRADENTON FL Zip Code: 34205

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 _____ DATE
(Signature, must be printed name of registered agent and title if corporation) (NOTE: Registered agent signature required when changing)

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $350.00**
**Amended UBR is $61.25**
**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

| | |
|---|---|
| TITLE: CP<br>NAME: CURRAN, DONALD F.<br>STREET ADDRESS: 7515 WHISPERING WILLOW DR.<br>CITY-ST-ZIP: SARASOTA, FL 34241 | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: |
| TITLE: DST<br>NAME: CURRAN, MARK W.<br>STREET ADDRESS: 4735 E. TRAIL DRIVE<br>CITY-ST-ZIP: SARASOTA, FL 34232 | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: |
| TITLE: VP<br>NAME: TOMA A. DE PAUL<br>STREET ADDRESS: 1126 S.E. 14TH ST.<br>CITY-ST-ZIP: CAPE CORAL FL 33990 | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: |

**DO NOT WRITE IN THIS SPACE**

CR2E044B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/24/03 941-358-9937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #