## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 05, 2001 8:00 am **DOCUMENT # P19938** Secretary of State ADT MAINTENANCE SERVICES, INC. 05-05-2001 90834 010 \*\*\*150.00 Principal Place of Business Mailing Address ONE TOWN CENTER RD. 1750 CLINT MOOBE RD 2255 GLADES/RD. SUITE 421A - POB 5035 BOCA PATON FL 33486 BOCA BATON FL 33487 2. Principal Place of Business 3. Mailing Address One Town Center hoad PO BOX 3038 Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 31-0787888 Boca Raton Boca Baton PL Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 33486 DS A 33431-0939 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition TITLE Detete TITLE. Change STEVENSON, SCOTT NAME NAME STREET ADDRESS ONE TOWN CENTER ROAD STREET ADDRESS CITY-ST-7IP **BOCA RATON FL 33486** CITY-ST-ZIP DP ☐ Addition TITLE ☐ Delete TITLE Change BOGGESS, JERRY R NAME NAME STREET ADDRESS ONE TOWN CENTER ROAD STREET ADDRESS CITY-ST-7IP CITY-ST-7IP **BOCA RATON FL 33486** ☐ Delete TITLE Change ☐ Addition TITLE ROBINSON, MICHAEL A NAME NAME STREET ADDRESS STREET ADDRESS ONE TOWN CENTER ROAD CITY-ST-ZIE CITY-ST-ZIE **BOCA RATON FL 33486** TITLE Delete TITLE Change Addition FINNEY, P GRAY NAME NAME STREET ADDRESS ONE TOWN CENTER ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** TITLE ☐ Delete ☐ Change ☐ Addition NAME **GUTIN, IRVING** NAME STREET ADDRESS ONE TYCO PARK STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EXETER NH 03833

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

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

changed, or on an attachment with a

MOROZE, BRIAN

ONE TYCO PARK

EXETER NH 03833

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Scott Stevenson VP/Asst. Treas.

Change

Addition