2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P95000017776 Mar 31, 2000 8:00 am Secretary of State SARASOTA ALARM & ELECTRIC, INC. 03-31-2000 90012 026 ***150.00 Principal Place of Business Mailing Address 4062 RADNOR PLACE 4062 RADNOR PLACE SARASOTA FL 34233 SARASOTA FL 34233-1304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0564360 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ESPOSITO, PHILIP T Street Address (P.O. Box Number is Not Acceptable) 4062 RADNOR PLACE SARASOTA FL 34233 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 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PN TITLE ☐ Addition TITLE ☐ Delete ESPOSITO, PHILIP T STREET ADDRESS **4062 RADNOR PLACE** STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34233 CITY-ST-ZIP VSTD ☐ Delete TITLE ☐ Change Addition TITLE PIKUZINSKI-ESPOSITO, HELENA L NAME NAME **4062 RADNOR PLACE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34233 CITY-ST-ZIP TITI F Delete_ TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. Thereby 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.

3-21-00 941-365-142

Daytime Phor