

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000024864

1. Entity Name

AMERICAN WIRELESS ALARM, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90005 049 \*\*\*150.00

Principal Place of Business

Mailing Address

8466 N. LOCKWOOD RIDGE ROAD  
#117  
SARASOTA FL 34243  
US

46 N WASHINGTON BLVD  
SUITE 1  
SARASOTA FL 34236-5932  
US

2. Principal Place of Business

6320 15th STREET EAST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

4. FEI Number

59-3304069

Applied For

Not Applicable

Zip

34243

Country

Zip

Country

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

WEINER, NEVIN  
46 N WASHINGTON BLVD  
SUITE 1  
SARASOTA FL 34236

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.

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)

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2000 Fee will be \$550.00**

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
WELFORD, BARLETT  
8466 N LOCKWOOD RIDGE RD, SUITE 117  
SARASOTA FL 34243 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
6320 15th STREET EAST  
SARASOTA FL 34243 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVT  
BARTH, BRETT  
8466 N LOCKWOOD RIDGE RD, SUITE 117  
SARASOTA FL 34243 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
6320 15th STREET EAST  
SARASOTA FL 34243 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in 8 indicated on this report or supplemental report is true and accurate and that my signature shall have been 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, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
BRETT BARTH, Vice President

(941) 358-8808

Date

Daytime Phone #

CR2E034 (9/99)

**SIGN  
HERE**