

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000028048

1. Entity Name

PROFESSIONAL ALARM SERVICES, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90078 045 ***150.00

Principal Place of Business

Mailing Address

1078 NW 116TH AVENUE
CORAL SPRINGS FL 33071

1078 NW 116TH AVENUE
CORAL SPRINGS FL 33071-4112

2. Principal Place of Business

3. Mailing Address

3100 N. OCEAN BLVD
Suite, Apt. #, etc.
708

3100 N. OCEAN BLVD
Suite, Apt. #, etc.
SUITE 708

City & State
FT. LAUDERDALE, FL

City & State
FT. LAUDERDALE, FL

Zip Country
33308 USA

Zip Country
33308 USA

4. FEI Number 65-0691199

Applied For
Not Applicable

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

MILLER, RUTH R
2365 BARKWOOD PASS
CLEARWATER FL 34623

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 PD
NAME JOHNSON, DAWN
STREET ADDRESS 1078 N.W. 116TH AVE.
CITY-ST-ZIP CORAL SPGS. FL 33071

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-00
Date

305-439-8709
Daytime Phone #

CR2E034 (9/99)