

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 30, 2000 8:00 am
Secretary of State

05-30-2000 90052 049 ***150.00

DOCUMENT # P96000092600

1. Entity Name

UNITED ALARM, INC.

Principal Place of Business

Mailing Address

**EAST COPPER CIRCLE
JACKSONVILLE FL 32207**

**3519-2 EAST COPPER CIRCLE
JACKSONVILLE FL 32207-6800
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3414109

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**HINSON, RUSSELL S
7820 HUNTERS LAKE CIR. N.
JACKSONVILLE FL 32210**

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)

5-1-00

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	VPI	<input type="checkbox"/> Delete
NAME	WATSON, JOHN K	
STREET ADDRESS	3270 RICKY DRIVE #2002	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WATSON, CHARLES	
STREET ADDRESS	4955 PALM VALLEY RD	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Watson, John K	
STREET ADDRESS	12486 Atumbrook Trail East	
CITY-ST-ZIP	Jacksonville, FL 32258	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carolyn Dixon	
STREET ADDRESS	6235 St. Augustine Rd.	
CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Russell Hinson	
STREET ADDRESS	7820 Hunters Lake Circle North	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/00

904-680-8880

CR2E034 (9/99)