

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000092600

1. Entity Name  
UNITED ALARM, INC.

Principal Place of Business  
111 SPRING ST.  
SUITE B  
JACKSONVILLE FL 32254  
US

Mailing Address  
PO BOX 37315  
JACKSONVILLE FL 32236  
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

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

4. FEI Number 59-3414109

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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]* DATE 1-7-02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE	VP	<input type="checkbox"/> Delete
NAME	WATSON, JOHN K	
STREET ADDRESS	12486 ATUMNBROOK TR E	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WATSON, CHARLES	
STREET ADDRESS	PO BOX 407	
CITY-ST-ZIP	WELLBORN FL 32094	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DIXON, CAROLYN	
STREET ADDRESS	1980 CR 21	
CITY-ST-ZIP	MELROSE FL 32666	
TITLE	P	<input type="checkbox"/> Delete
NAME	HINSON, RUSSELL	
STREET ADDRESS	7820 HUNTERS LAKE CIR NO	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1-7-02 DAYTIME PHONE # 904-680-8880

FILED  
Jan 09, 2002 8:00 am  
Secretary of State

01-09-2002 90002 020 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

2803030 AV

CR2E034 (9/01)