

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-10-2000 90064 050 ***150.00

DOCUMENT # P97000023401

1. Entity Name

AISLE SENTRY SYSTEMS, INC.

Principal Place of Business

Mailing Address

9143 PHILLIPS HIGHWAY, SUITE 390
 BOX 23340
 JACKSONVILLE FL 32256

9143 PHILLIPS HIGHWAY, SUITE 390
 P.O. BOX 23340
 JACKSONVILLE FL 32256-1366

V U T U V I



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9143 Philips Highway

Suite, Apt. #, etc

Suite 540

City & State

Jacksonville, FL

Zip

32256

Country

USA

3. Mailing Address

9143 Philips Highway

Suite, Apt. #, etc.

Suite 540

City & State

Jacksonville, FL

Zip

32256

Country

USA

4. FEI Number

59-3447248

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

O'DONNELL, JAMES D
1648 OSCEOLA STREET
JACKSONVILLE FL 32204

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, 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	V YOUNG, JOHN L.D. 9143 PHILLIPS HIGHWAY, SUITE 390 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIBBY, LEWIS 9143 PHILLIPS HIGHWAY, SUITE 390 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LADSON, DON 9143 PHILLIPS HIGHWAY, SUITE 390 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERN, BRUCE R 9143 PHILLIPS HIGHWAY, SUITE 390 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YOUNG, JOHN L.D. 9143 PHILIPS HIGHWAY SUITE 540 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIBBY, LEWIS 9143 PHILIPS HIGHWAY SUITE 540 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LADSON, DON 9143 PHILIPS HIGHWAY SUITE 540 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERN, BRUCE R 9143 PHILIPS HIGHWAY SUITE 540 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FULLER, JULIET 9143 PHILIPS HIGHWAY SUITE 540 JACKSONVILLE, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

BRUCE R. KERN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/00 **904-363-0835**

CR2E034 (9/99)