

**FOR PROFIT CORPORATION
UNIFORM BUSINESS-REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91835 023 ***150.00

DOCUMENT # *P97000040292*

1. Entity Name

ALERT ONE INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3300 NW 41 ST.

3. Mailing Address

PO Box 6013

Suite, Apt. #, etc.

Lauderdale Lakes

Suite, Apt. #, etc.

FT. Lauderdale

City & State

Florida

City & State

Florida

Zip

33309

Country

USA

Zip

33310

Country

USA

4. FEI Number

63-1007246

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

HOWARD CODNER

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

City

Zip Code

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IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE *Codner* **TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/30/2003 *754-366-4934*

CR2E034B (12/02)