

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084779

1. Entity Name
ALLSAFE SECURITY SYSTEMS, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90009 026 ***158.75

Principal Place of Business
**8640 PHILIPS HIGHWAY SUITE 7, BUILDING 1
JACKSONVILLE FL 32256**

Mailing Address
**PO BOX 5164
SAN RAMON CA 94583
US**

2. Principal Place of Business
5763 Mining Terrace Road

3. Mailing Address
P.O. Box 5084

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
San Ramon, CA

Zip
32247

Country
Duval

Zip
94583

Country
Contra Costa

4. FEI Number **59-3470648**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORP.
701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131**

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 _____ DATE _____
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. ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	D	<input type="checkbox"/> Delete	TITLE	D, T, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARGENTI, PAUL F		NAME	Sargenti, Paul F.	
STREET ADDRESS	2301 CAMINO RAMON SUITE 100		STREET ADDRESS	2440 Camino Ramon, Suite 200	
CITY-ST-ZIP	SAN RAMON CA 94583		CITY-ST-ZIP	San Ramon, CA 94583	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D, S, VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELLAPENTA, SUSAN L		NAME	DellaPenta, Susan L.	
STREET ADDRESS	2301 CAMINO RAMON SUITE 100		STREET ADDRESS	2440 Camino Ramon, Suite 200	
CITY-ST-ZIP	SAN RAMON CA 94583		CITY-ST-ZIP	San Ramon, CA 94583	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Paul F. Sargenti*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01 (925) 830-4777
Date Daytime Phone #

CR2E034 (10/00)