

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90063 041 ***150.00

DOCUMENT # P97000088415

1. Entity Name
NATIONAL ALARM SYSTEMS, INC.

Principal Place of Business
810 S. STATE RD 7
PLANTATION FL 33317

Mailing Address
P O BOX 9754
CORAL SPRINGS FL 33075



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2101 N. Andrews Ave. Suite, Apt. #, etc. Suite 206		3. Mailing Address Suite, Apt. #, etc.	
City & State Ft Lauderdale, FL		City & State	
Zip 33311	Country USA	Zip	Country
4. FEI Number 65-0801915		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent SWAYMAN, ROBERT 810 S. STATE RD 7 PLANTATION FL 33317		7. Name and Address of New Registered Agent Name Same - Robert Swayman Street Address (P.O. Box Number is Not Acceptable) 2101 N. Andrews Ave., Suite 206 City Ft Lauderdale FL Zip Code 33311	
---	--	--	--

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 Robert Swayman Pres. DATE 1/25/02

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. ☐ **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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWAYMAN, ROBERT 810 S. STATE RD 7 PLANTATION FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2101 N. Andrews Ave., Suite 206 Ft Lauderdale, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAUSER, MICHAEL 810 S. STATE RD 7 PLANTATION FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2101 N. Andrews Ave., Suite 206 Ft Lauderdale, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: Robert Swayman 1/25/02 954-564-9877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)