

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000033832

1. Entity Name

SECURE ALARM SERVICE, INC.

Principal Place of Business

2101 NORTH 9TH AVENUE
SUITE B
PENSACOLA FL 32503

Mailing Address

2101 NORTH 9TH AVENUE
SUITE B
PENSACOLA FL 32503-3946

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3505056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AUKEMA, JOHN
2705 SANTABELLE PLACE
GULF BREEZE FL 32561

Name

JOHN AUKEMA

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

2705 SANIBEL PLACE

City

GULF BREEZE

FL

Zip Code

32561

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 ☐ Delete
NAME D
STREET ADDRESS AUKEMA, JOHN
CITY-ST-ZIP 2705 SANTABELLE PLACE
GULF BREEZE FL 32561

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2705 SANIBEL PLACE
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS COTE, KEVIN
CITY-ST-ZIP 1400 SONATA COURT
GULF BREEZE FL 32561

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1600 GOVERNORS DRIVE
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-5-00

Date

850-429-9339

Daytime Phone #

CF 1034 (1 of 1)



DO NOT WRITE IN THIS SPACE