

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050675

1. Entity Name

PRO-TECH ALARM SYSTEMS, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90066 028 ***150.00

Principal Place of Business

15305 NW 60TH AVENUE
 MIAMI LAKES FL 33014

Mailing Address

15305 NW 60TH AVENUE
 MIAMI LAKES FL 33014-2430

2. Principal Place of Business

6075 SEAGRASS LANE

Suite, Apt. #, etc.

3. Mailing Address

6075 SEAGRASS LANE

Suite, Apt. #, etc.

City & State

NAPLES, FL.

City & State

NAPLES, FL.

4. FEI Number

65-0841072

Applied For

Not Applicable

Zip

34116

Country

U.S.A.

Zip

34116

Country

U.S.A.

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

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 PT ☐ Delete
 NAME MYERS, THOMAS C
 STREET ADDRESS 6075 SEAGRASS LN
 CITY-ST-ZIP NAPLES FL 34116

TITLE V ☒ Delete
 NAME SIMMONS, R. LEE
 STREET ADDRESS 7782 STIRLING BRIDGE BLVD. SO.
 CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE S ☒ Delete
 NAME SIMMONS, DIANA
 STREET ADDRESS 7782 STIRLING BRIDGE BLVD. SO.
 CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE VS ☐ Delete
 NAME MYERS, FONTANNE
 STREET ADDRESS 6075 SEAGRASS LN
 CITY-ST-ZIP NAPLES FL 34116

TITLE D ☐ Delete
 NAME DAVID VANCAMP
 STREET ADDRESS 5221 DIXIE DR
 CITY-ST-ZIP NAPLES, FL 33962

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-00 941-774-5848

CR2E034 (9/99)