FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90234 048 ***158.75

DOCUMENT # P98000076861

1. Entity Name

Advance Monitoring Service, Inc.

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11016653

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2. Principal Place of Business	3. Mailing Address
1135 FAIRFAX LANE	PO BOX 268117
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: WESTON, FL	City & State: WESTON, FL
Zip: 33326 Country: USA	Zip: 33326 Country: USA

4. FEI Number: 65-0862611 — Applied For ☐ Not Applicable ☐

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

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7. Name and Address of Current Registered Agent

Name: Joseph S. Rosenfeldt

Street Address (P.O. Box Number is Not Acceptable): 1135 FAIRFAX LANE

City: WESTON FL Zip Code: 33326

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) ☒

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT LORETTA ROSENFELDT 1135 FAIRFAX Lane WESTON, FL 33326
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECY-TREASURER myndi Rosenfeldt 6921 SW 173 WAY SOUTHWEST RANCHES, FL 33331
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT Joseph S. Rosenfeldt 1135 FAIRFAX LANE WESTON, FL 33326
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ V P 4/m/03 954/252-1615

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