

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90257 004 \*\*\*150.00

**DOCUMENT # P98000095697**

1. Entity Name  
**24 ALARM, INC.**

Principal Place of Business <b>813 E. BLOOMINGDALE AVE.          STE. 185          BRANDON FL 33511</b>	Mailing Address <b>3720 AMNICOLA HWY          STE. 109          CHATTANOOGA TN 37406-1792</b>
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2. Principal Place of Business <b>1804 W. REYNOLDS</b>	3. Mailing Address <b>1804 W. REYNOLDS</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>PLANT CITY, FLORIDA</b>	City & State <b>PLANT CITY, FLORIDA</b>
Zip <b>USA</b>	Zip <b>USA</b>

4. FEI Number <b>58-2427637</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**LANSKY, GLEN R  
 GRIFFIN & ASSOCIATES, P.A.  
 915 OAKFIELD DR., STE. F  
 BRANDON FL 33511**

7. Name and Address of New Registered Agent  
 Name: **Eileen H. Griffin**  
 Street Address (P.O. Box Number is Not Acceptable): **915 Oakfield Dr. Ste F**  
 City: **Brandon** State: **FL** Zip: **33511**

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]* DATE: **4/25/00**  
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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>LAMB, STANLEY F</b> <b>6716 CEDAR RIDGE LN.</b> <b>HARRISON TN 37341</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>HUGHES, KIRBY</b> <b>6011 BARKLEY CREEK DR.</b> <b>OOLTWAH TN 37363</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>LAMB, STANLEY F</b> <b>4221 BARRETT AVE</b> <b>PLANT CITY, FL 33507</b>
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *[Signature]* DATE: **4-7-00** DAYTIME PHONE #: **813-478-5117**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)