2000 UNIFORM BUSINESS REPORT (UBR)

Apr 27, 2000 8:00 am Secretary of State DOCUMENT # P9900057668 ALLSTATE SECURITY ALARMS, INC. 04-27-2000 90064 013 ***163.75 Principal Place of Business Mailing Address 1122 NORTH MAIN STREET 1122 NORTH MAIN STREET KISSIMMEE FL 34744 KISSIMMEE FL 34744-4283 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59**–358**3929 City & State Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10.-Election Campaign Financing **--\$5:00** May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Z Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PSD ☐ Addition Change TITLE Delete TITLE ASSAD, RANDY J NAME STREET ADDRESS STREET ADDRESS 1122 NORTH MAIN STREET CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34744 ☐ Addition TD Change ☐ Delete TITLE TITLE ABRAMS, JOSEPH L NAME NAME STREET ADDRESS STREET ADDRESS 1122 NORTH MAIN STREET CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34744 ☐ Detete Change ☐ Addition TITLE TITLE EISENBERG, LESLIE NAME NAME 1122 NORTH MAIN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>KISSIMMEE, FLORIDA 34744</u> ☐ Change ☐ Addition TITLE ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change | ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that the information shall have the same legal effect as if made under oath; that I am an officer or director furred by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing does not qui indicated on this report or supplemental report is true and accurate a of the corporation or the receiver or trustee empowered to execute \(\mathbb{H} \) changed, or on an attachment with an address, with all other like