

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

09-22-2002 90068 021 \*\*\*158.75

FILED P99000057668

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000057668**

1. Entity Name

Allstate Security Alarms, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1309 Golf Course Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Apopka, FL

City & State

4. FEI Number

59-3583929

Applied For

Not Applicable

Zip

32712

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Joseph Abrams

Street Address (P.O. Box Number is Not Acceptable)  
1309 Golf Course Dr.

City Apopka

FL

Zip Code  
32712

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of establishing 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 reconstituting)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirements 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 President  
NAME Joseph L. Abrams  
STREET ADDRESS 1309 Golf Course Dr.  
CITY - ST - ZIP Apopka, FL 32712

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE Treasurer  
NAME Pedro Rodriguez  
STREET ADDRESS 1309 Golf Course Dr.  
CITY - ST - ZIP Apopka, FL 32712

TITLE  
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STREET ADDRESS  
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Signature and typed or printed name of signing officer or director

Joseph L. Abrams

9/20/02 407-947-8482

Date

Daytime Phone #

CR2E034B (12/01)

Attachment  
DH # P990000 57668

1703 NORTH MAIN STREET (SUITE B)  
KISSIMMEE, FLORIDA 34744  
PHONE # (407) 933-8002  
PHONE # (877) 933-8002  
FAX # (407) 933-2711

873080

# Allstate Security Alarms, Inc.

September 20, 2002

Please be advised that his form was never received, hence the late filing. Please find enclosed \$150.00 fee.

Thank you



STATE LICENSE #EC-A000148