

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100414

1. Entity Name

CITY ALARM, INC.

Principal Place of Business

5875 MINING TERR.  
JACKSONVILLE FL 32257

Mailing Address

P.O. BOX 2468  
ORANGE PARK FL 32067-2468

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

#104

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

TOLSON, JOHN F JR.  
2301 PARK AVE., STE. 406  
ORANGE PARK FL 32073

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

TITLE **P** NAME **Steve Dart** ☐ Delete  
STREET ADDRESS **123 Abalone Dr East**  
CITY-ST-ZIP **Ponte Vedra, FL 32259**

TITLE **VP** NAME **Wilson O Boozer, III** ☐ Delete  
STREET ADDRESS **2606 Shenandoah Dr S**  
CITY-ST-ZIP **Orange Park FL 32065**

TITLE **S** NAME **William G Bew** ☐ Delete  
STREET ADDRESS **11431 Lumberjack Cir W**  
CITY-ST-ZIP **Jacksonville FL 32223**

TITLE **T** NAME **William G Bew** ☐ Delete  
STREET ADDRESS **11431 Lumberjack Cir West**  
CITY-ST-ZIP **Jacksonville FL 32223**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS **700003117957-8**  
CITY-ST-ZIP **-02/01/00--01051--015**  
**\*\*\*\*158.75 \*\*\*\*158.75**

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

*William G Bew* **WILLIAM G BEW**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99

Date

904-333-3220

Daytime Phone #

APPROVED  
AND  
FILED

00 JAN 28 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEE Number

59-3613092

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**