

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S03987

1. Entity Name

UNITED STATES ALARMS, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90038 043 ***158.75

Principal Place of Business

3910 S. WASHINGTON AVE., #206
TITUSVILLE FL 32780
US

Mailing Address

3910 S. WASHINGTON AVE.
STE 206
TITUSVILLE FL 32780-5860
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3056972

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MINERVA, DEBRA
3910 S. WASHINGTON AVE., #206
TITUSVILLE FL 32780

7. Name and Address of New Registered Agent

Name

Diana L. Minerva

Street Address (P.O. Box Number is Not Acceptable)

3910 S. Washington Ave. #206

City

Titusville

FL

Zip Code

32780

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

Diana Minerva
Signature, typed or printed name of registered agent and title if applicable.

Diana Minerva, Corp. Secretary

4/20/00

(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	DPTS	<input checked="" type="checkbox"/> Delete
NAME	MINERVA, DEBRA	
STREET ADDRESS	3910 S. WASHINGTON AVE., #206	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Angelo Minerva	
STREET ADDRESS	3910 S. Washington Ave. #206	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE	DVT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank T. Minerva	
STREET ADDRESS	3910 S. Washington Ave. #206	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diana L. Minerva	
STREET ADDRESS	3910 S. Washington Ave. #206	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Diana Minerva
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Diana Minerva
Corp Secretary

4/20/00

(321) 268-8300

Daytime Phone #