

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 20, 2001 8:00 am**  
**Secretary of State**  
 04-20-2001 90162 006 \*\*\*150.00

FILE NO

**DOCUMENT # S03987**

1. Entity Name  
**UNITED STATES ALARMS, INC.**

Principal Place of Business  
**3910 S. WASHINGTON AVE., #206**  
**TITUSVILLE FL 32780**  
**US**

Mailing Address  
**3910 S. WASHINGTON AVE.**  
**STE 206**  
**TITUSVILLE FL 32780**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1625 S. Washington Avenue**  
 Suite, Apt. #, etc.  
**Titusville FL**

3. Mailing Address  
**1625 S. Washington Ave**  
 Suite, Apt. #, etc.  
**Titusville ste A**

City & State  
**Florida**

City & State  
**FL**

4. FEI Number **59-3056972** Applied For   
 Not Applicable

Zip **32780** Country **US** Zip **32780** Country **Brevard US**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

Name **Angelo Minerva**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1625 S. WASHINGTON Ave # A**  
**Titusville**  
 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 *Angelo Minerva* **President** DATE **4/16/2001**

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, 2001 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>MINERVA, ANGELO</b> <b>3910 S WASHINGTON AVE #206</b> <b>TITUSVILLE FL 32780</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVT</b> <b>MINERVA, FRANK T</b> <b>3910 S WASHINGTON AVE #206</b> <b>TITUSVILLE FL 32780</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MINERVA, DIANA L</b> <b>3910 S WASHINGTON AVE #206</b> <b>TITUSVILLE FL 32780</b>	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Diana Minerva* **4/16/01** **(321) 268-8300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)