

2001 UNIFORM BUSINESS REPORT (UBR)

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

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
 City & State
Florida

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

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

7. Name and Address of New Registered Agent

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* *4/16/2001*
 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, 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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* *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)