

2001 UNIFORM BUSINESS REPORT (UBR)

FILED S03987
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 17 AM 9:38

DOCUMENT # S03987
1. Entity Name
UNITED STATES ALARMS, INC.

Principal Place of Business Mailing Address
3910 S. WASHINGTON AVE., #206 3910 S. WASHINGTON AVE.
TITUSVILLE FL 32780 STE 208
US TITUSVILLE FL 32780
US

39893



2. Principal Place of Business 3. Mailing Address
1625 S. Washington Ave Ste A **1625 S. Washington Ave**
Suite, Apt. #, etc. Suite, Apt. #, etc. **Ste A**

City & State City & State
Titusville FL **Titusville FL**

4. FEI Number 59-3056972 Applied For
Not Applicable
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 Ste A
Titusville
City **Titusville** FL Zip Code **32780**

8. The above named entity submits a 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 AND TYPED OR PRINTED NAME OF REGISTERED AGENT AND DATE 1 APPROVE NOTE: Registered Agent Signature Required When Applicable DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so FILE NOW!!! FEE IS \$150.00
Alter MAY 1, 2001 Fee will be \$330.00
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	DP MINERVA, ANGELO 3910 S WASHINGTON AVE #206 TITUSVILLE FL 32780	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add/Cor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT MINERVA, FRANK T 3910 S WASHINGTON AVE #206 TITUSVILLE FL 32780	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add/Cor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MINERVA, DIANA L 3910 S WASHINGTON AVE #206 TITUSVILLE FL 32780	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add/Cor
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add/Cor
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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)(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 information empowered.
SIGNATURE: *Diana Minerva* *Diana Minerva* **4/16/01** **(321) 268-8300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR