

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90323 041 ***150.00

DOCUMENT #

1. Entity Name *PERSONAL ALERT SYSTEMS INC*
S97076

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

601 ROSEY RD N.E.

3. Mailing Address

Same

Suite, Apt. #, etc.

5701

Suite, Apt. #, etc.

as

City & State

LARGO FL.

City & State

2

Zip

33770

Country

FLORIDA

Zip

as

Country

as

4. FEI Number

59-3128528

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ROBERT E. CRYER

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

601 ROSEY RD N.E. APT 5701

City

LARGO

FL

Zip Code

33770

**DO NOT WRITE
IN THIS SPACE**

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

Robert Cryer

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

(NOTE: Registered Agent signature required when reinstating)

4/10/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 *PRESIDENT*
NAME *ROBERT E. CRYER*
STREET ADDRESS *601 ROSEY RD N.E. APT 5701*
CITY-ST-ZIP *LARGO FL. 33770*

TITLE
NAME *DELORES E. CRYER*
STREET ADDRESS *601 ROSEY RD APT 5701*
CITY-ST-ZIP *LARGO FL. 33770*

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Cryer *PRESIDENT*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 *727-585-9813*

Date

Daytime Phone #

CR2E034B (12/01)