

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S97367

1. Entity Name

WARNING SYSTEMS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90097 049 ***150.00

Principal Place of Business

Mailing Address

5858 MIDNIGHT PASS ROAD
SUITE 60
SARASOTA FL 34242
US

5858 MIDNIGHT PASS ROAD
SUITE 60
SARASOTA FL 34242-2108
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0320700

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

7. Name and Address of New Registered Agent

HARDEMAN, THOMAS P.
5858 MIDNIGHT PASS ROAD
SARASOTA FL 34242

Name

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

Suite 60

City

FL

Zip Code

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

Thomas P. Hardeman

Thomas P. Hardeman

4/18/00

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MITZEL, RICHARD M.	
STREET ADDRESS	100 NORTH TAMPA STREET SUITE 3620	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTIN, RICHARD A	
STREET ADDRESS	2301 RINGLING ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HARDEMAN, THOMAS P.	
STREET ADDRESS	5858 MIDNIGHT PASS ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	CHUMBLEY, KENNETH	
STREET ADDRESS	3249 COUNTY 1800 E. ROAD	
CITY-ST-ZIP	LUDLOW IL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SWANSON, JOHN P.	
STREET ADDRESS	108 WINDING MEADOWS DR	
CITY-ST-ZIP	FLT ROCK NC 28731	
TITLE	D	<input type="checkbox"/> Delete
NAME	OWEN, BOB F.	
STREET ADDRESS	811 BEN LOMOND DRIVE	
CITY-ST-ZIP	TEMPLE TERRACE FL	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 No. Tampa St., Suite 1825	
CITY-ST-ZIP	33602	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	34237	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	Suite 60	
CITY-ST-ZIP	34242	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5128 Leath Drive	
CITY-ST-ZIP	Nashville, TN 37211	
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33617	

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:

Thomas P. Hardeman

Thomas P. Hardeman, Pres. 4/18/00 941-349-3689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)