

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S97367

1. Entity Name  
**WARNING SYSTEMS, INC.**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90420 030 \*\*\*150.00

Principal Place of Business  
**5858 MIDNIGHT PASS ROAD  
SUITE 60  
SARASOTA FL 34242  
US**

Mailing Address  
**5858 MIDNIGHT PASS ROAD  
SUITE 60  
SARASOTA FL 34242  
US**

2. Principal Place of Business  
**579 Pine Ranch East Road**

3. Mailing Address  
**579 Pine Ranch East Road**

Suite, Apt. #, etc.  
**Osprey, FL**

Suite, Apt. #, etc.  
**Osprey, FL**

4. FEI Number **65-0320700**

Applied For  
Not Applicable

Zip  
**34229**

Country  
**USA**

Zip  
**34229**

Country  
**USA**

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  
STE 60  
SARASOTA FL 34242**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**579 Pine Ranch East Road**  
City **Osprey** **FL** Zip Code **34229**

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 4/24/01  
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

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

TITLE **D** ☐ Delete  
NAME **MITZEL, RICHARD M.**  
STREET ADDRESS **100 N. TAMPA ST. #1825**  
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **MARTIN, RICHARD A**  
STREET ADDRESS **2301 RINGLING ROAD**  
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P/** ☐ Delete  
NAME **HARDEMAN, THOMAS P.**  
STREET ADDRESS **5858 MIDNIGHT PASS RD #60**  
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **P/S** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **579 Pine Ranch East Road**  
CITY-ST-ZIP **Osprey, FL 34229**

TITLE **D** ☐ Delete  
NAME **CHUMBLEY, KENNETH**  
STREET ADDRESS **5128 LEATH DR**  
CITY-ST-ZIP **NASHVILLE TN 37211**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **C** ☐ Delete  
NAME **SWANSON, JOHN P.**  
STREET ADDRESS **108 WINDING MEADOWS DR**  
CITY-ST-ZIP **FLAT ROCK NC 28731**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **OWEN, BOB F.**  
STREET ADDRESS **811 BEN LOMOND DRIVE**  
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 4/24/01 941-966-9881  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)