## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# S97964

FILED Jan 04, 2002 Secretary of State

Entity Name: PROTECT-ALERT EMERGENCY RESPONSE SYSTEMS, INC.

| Current Principal Place of Business:                                      |  | New Prince  | New Principal Place of Business:   |  |          |  |
|---|--|---|--|--|----------|--|
| 299 LORAINE DR.<br>1001   |  |   |  |  |          |  |
| ALTAMONTE SPRINGS,  | FL 32714 US                                |   |  |  |          |  |
| Current Mailing Address:  |  | New Maili   | New Mailing Address:   |  |          |  |
| P O BOX 160035<br>ALTAMONTE SPRINGS,                                      | FL 32716035 US                             |   |  |  |          |  |
| FEI Number: 59-3093952  | FEI Number Applied For ( )                 | l Number Not App  | licable ( )  | Certificate of Status Desired  | I (X)    |  |
| Name and Address of Current Registered Agent:                             |  | Name and  | Name and Address of New Registered Agent:  |  |          |  |
| HAAS, STEVEN D.<br>299 LORAINE DR. STE. 1<br>ALTAMONTE SPRINGS,           |  |   |  |  |          |  |
| The above named entity s<br>in the State of Florida.                      | ubmits this statement for the purpo        | se of changing i  | ts registered o  | office or registered agent, o  | or both, |  |
| SIGNATURE:  |  |   |  |  |          |  |
| Electron  |  | Date  |  |  |          |  |
|   | satisfy its Intangible Tax filing requirem | ent and elects to   | do so (X).   |  |          |  |
| Election Campaign Financing<br>OFFICERS AND DIREC                         | ADDITION                                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:                          |  |  |          |  |
| Name: HAAS, STEVEN<br>Address: 299 LORAINE D<br>City-St-Zip: ALTAMONTE SF |  | Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: | HAAS, STEVEN<br>299 LORAINE<br>ALTAMONTE S<br>DVS (<br>MASTERSON,<br>299 LORAINE | DR. STE. 1001<br>SPRGS, FL 32714 US<br>) Change (X) Addition<br>JOAN |          |  |
|   |  |   |  |  |          |  |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN D HAAS PRES 01/04/2002