

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F00000001339**

1. Entity Name

ISS INTEGRATED SECURITY SOLUTIONS, INC.**FILED**
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90217 050 ***150.00

0067183

Principal Place of Business

**7600 SOUTHLAND BLVD
SUITE 100-45
ORLANDO FL 32809**

Mailing Address

**7600 SOUTHLAND BLVD
SUITE 100-45
ORLANDO FL 32809**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **98-0181923**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**WICKS, SEAN
7600 SOUTHLAND BLVD
SUITE 100-45
ORLANDO FL 32809**

7. Name and Address of New Registered Agent

Name

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

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

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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|--------------------|--|-----------------------------------|---------------------------------|
| C | MATSUKUBO, LEONARD | 21 CRYSTAL BEACH DRIVE | NEPEAN ONTARIO CANADA K2H5M-6 | <input type="checkbox"/> |
| V | BUCHANAN, ALLAN | 3105 CARLING AVENUE APT 1005 COMMODORE KEY | NEPEAN ONTARIO CANADA K2H5A-6 | <input type="checkbox"/> |
| D | LAWSON, BILL | C/O CARLETON UNIVERSITY DUNTON TOWER 7 FL | OTTAWA ONTARIO K1S5B-6 | <input type="checkbox"/> |
| DP | BAIRD, DAVID | 1302-1081 AMBLESIDE DR | NEPEAN ONTARIO CANADA K2B8C-8 | <input type="checkbox"/> |
| VD | CARR, JIM | 29 DICKINSON RD | MANOTICK ONTARIO CANADA K0A2N-0 | <input type="checkbox"/> |
| S | SCOTT, DAVID | 1127 ST EMMANUEL TERRACE | GLOUCESTER ONTARIO CANADA K1L2J-6 | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)