Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90106 015 ***158.75

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

UNITED SECTIOITY ALLIANCE INC

OMITED	SECONITI ALLIANOL, INC	<i>.</i> .			
Principal Place	of Business	Mailing Address		- I INDESTINA DILI BOLIN DIBINI BENIT DI DILI	liti Atāti Atāti Atau minu atau bidu atau kan
•	BUSINESS PARK	CENTERPOINT BUSINESS PA	RK		
1911 US HIGHWAY 301 NORTH. SUITE 300 TAMPA FL 33619-2661		1911 US HIGHWAY 901 NORTH, SUITE 300 TAMPA FL 33619		DO NOT WRITE	IN THIS SPACE
US		U\$		3. Date Incorporated or Qualifed 03/13/1986	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2649445	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27		* ~ .	. Fee Required
City & State	e	City & State		6. Election Campaign Financing	ຸ \$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current	
24	25	29 30	0	Personal Property Tax.	
	9. Name and Address of Curr	ent Registered Agent	04 Nome	10. Name and Address of New Reg	istered Agent
OTT	NOCE I TERRY		81 Name C	tingen, J. Tenny	!
	NGER, J. TERRY		82 Street Addre	ess (P.O. Box Number is Not Acceptable	
	BAY PLAZA BLVD.			US HIGHWAY 301 NOT	4, SUTE 300
	E 660		83		
IAM	PA FL 33619		84 City		FL 85 Zip Code 33619
			I I A	mpa	FL 33619
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes	the above-named corporation	oration submits this statement for the purply should be described accept the control of the cont	rpose of changing its registered ne appointment as registered
agent. La	m familiar with, and accept the oblig	gations of, Section 607.0505, Florid	la Statutes.	_	
SIGNATURE	1 Solly 1 th	Uni- J. TERRY	Uttinger. 1	Presidest 2	-85-99 DATE
01010110112	Signature, typed in printed name of registered a		egistered Agent signature required	e milan ramanag	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	Change MAddition
TITLE	PD	☐ DELETE			
NAME	Ottinger, J. Terry			IN W. DTTINGER	
STREET ADDRESS	4521 MOHICAN TRAIL			SZI MOHICAL TRAIL	
CITY-ST-ZIP	VALRICO FL 3359√			ALAICO , FL 33594	Change Addition
TITLE		☐ DELETE	2.1 TITLE		☐ Change
NAME			22 NAME Jo	sho Ingravallo 7 Addock Club Dave 2 Addock - 23511	
STREET ADDRESS			2.3 STREET ADDRESS 90	7 Anddock Club Dave	
CITY-ST-ZIP				11288 JT Gobean	Change C Addition
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME					_ , _
STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP					
TITLE			3.2 NAME 3.3 STREET ADDRESS 3.4. CITY- ST- ZIP		
****		☐ DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		☐ DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4. 2 NAME		
STREET ADDRESS		☐ DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE		
			3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
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14. 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 annual report or supplemental annual 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 officer or director of the corporation Block 12 or Block 13 if changed,

SIGNATURE:

CITY-ST-ZIP

TERRY Offiger

83/620-0505