

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K62030**

1. Entity Name

ALPHA SECURITY & FIRE ALARM SERVICES, INC.**FILED**
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90105 015 ***150.00

| | |
|---|---|
| Principal Place of Business C/O GERALD E. PINNOCK AND WILMA PINNOCK 872 SW 27TH AVE FORT LAUDERDALE FL 33312 US | Mailing Address C/O GERALD E. PINNOCK AND WILMA PINNOCK 872 SW 27TH AVE SUNRISE FL 33312 US |
|---|---|

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0101940

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

PINNOCK, GERALD E. AND WILMA PINNOCK
6201 N.W. 12TH COURT
SUNRISE FL 33313

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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 | PD | <input type="checkbox"/> Delete |
| NAME | PINNOCK, GERALD E. | |
| STREET ADDRESS | 6201 N.W. 12TH COURT | |
| CITY-ST-ZIP | SUNRISE FL | |

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

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | PINNOCK, WILMA | |
| STREET ADDRESS | 6201 N.W. 12TH COURT | |
| CITY-ST-ZIP | SUNRISE FL | |

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

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

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

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

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| CITY-ST-ZIP | | |

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| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILMA PINNOCK

04/16/02

Date

954-587-6943

Daytime Phone #

CR2E034 (9/01)