

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90074 013 ***150.00

DOCUMENT # K62030

1. Entity Name
ALPHA SECURITY & FIRE ALARM SERVICES, INC.



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

11007738



2. Principal Place of Business
6201 N.W. 12 COURT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SUNRISE, FLORIDA

City & State

4. FEI Number **65-0101940**

Applied For
Not Applicable

Zip **33313** Country **U.S.A.**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '1

TITLE **PD** ☐ Delete
NAME **PINNOCK, GERALD E.**
STREET ADDRESS **6201 N.W. 12TH COURT**
CITY-ST-ZIP **SUNRISE FL**

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

TITLE **STD** ☐ Delete
NAME **PINNOCK, WILMA**
STREET ADDRESS **6201 N.W. 12TH COURT**
CITY-ST-ZIP **SUNRISE FL**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **WILMA PINNOCK STD**

4/17/03

954-587-6943

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)