

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90573 044 ***150.00

DOCUMENT # P00000060537

1. Entity Name

ALL SECURE TECHNOLOGIES, INC.

Principal Place of Business

1702 BONITA AVENUE
 ORLANDO FL 32805

Mailing Address

1702 BONITA AVENUE
 ORLANDO FL 32805

2. Principal Place of Business

1316 29TH ST.

3. Mailing Address

1316 29TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

Country

32805 ORANGE

Zip

Country

32805 ORANGE

6. Name and Address of Current Registered Agent

SMITH, JOHN LEE

1702 BONITA AVENUE
 ORLANDO FL 32805

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, 2002 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: PSTD
 NAME: SMITH, JOHN L
 STREET ADDRESS: 1702 BONITA AVENUE
 CITY-ST-ZIP: ORLANDO FL 32805 ☐ Delete

TITLE: VPD
 NAME: MILLS, WILLIAM
 STREET ADDRESS: 1316 29TH ST
 CITY-ST-ZIP: ORLANDO FL 32805 ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
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TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: C Chairman + TRUSTEE
 NAME: ☒ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: PRESIDENT
 NAME: ☒ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: V-P-Instal
 NAME: JOHN MILLS
 STREET ADDRESS: 1316 29TH ST
 CITY-ST-ZIP: ORLANDO FL 32805 ☐ Change ☒ Addition

TITLE: V-P-Instal
 NAME: DENNIS BOHLMAN
 STREET ADDRESS: 1316 29TH ST
 CITY-ST-ZIP: ORLANDO FL 32805 ☐ Change ☒ Addition

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

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

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 #

4-25-02 4074230911

CR2E034 (9/01)