## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 11, 2001 8:00 am Secretary of State DOCUMENT # P00000081104 INTEGRATED SECURITY SERVICES, INC. 05-11-2001 90076 031 \*\*\*150.00 Principal Place of Business Mailing Address 7221 NORTHWEST 46TH STREET 7221 NORTHWEST 46TH STREET FORT LAUDERDALE FL 33319 FORT LAUDERDALE FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1035922 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Addition Delete TITLE MCGONIGAL, T. JAMES NAME NAME STREET ADDRESS 7221 NORTHWEST 46TH STREET STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33319 CITY-ST-ZIP TITL F ☐ Defete ☐ Change ☐ Addition HOWELL, JAMES A NAME NAME STREET ADDRESS 7221 NORTHWEST 46TH STREET STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33319 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME howell, kevin a NAME STREET ADDRESS 7221 NORTHWEST 46TH STREET STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33319 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

ORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR