

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2002 8:00 am**  
**Secretary of State**

08-29-2002 90005 029 \*\*\*550.00

**DOCUMENT # P00000090240**

1. Entity Name  
**ALF SECURITY CONSULTANTS, INC.**

DISCOUNTED COPY  
 NOT FOR FILING

Principal Place of Business  
**501 LISA LANE  
 BRANDON FL 33511**

Mailing Address  
**501 LISA LANE  
 BRANDON FL 33511**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**5218 PINE ROCKLANDS AVE**

3. Mailing Address  
**5218 PINE ROCKLANDS AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**LITHIA, FL**

City & State  
**LITHIA, FL**

4. FEI Number  
**59-3672496**

Applied For  
 Not Applicable

Zip  
**33547**

Country  
**USA**

Zip  
**33547**

Country  
**USA**

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

**GRECO, ESQ., FRANK J  
 1715 N. WESTSHORE BLVD., #750  
 TAMPA FL 33607**

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 *Albert Frost*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-26-02  
 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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>FROST, SHEILA 501 LISA LANE BRANDON FL 33511</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>FROST, ALBERT 501 LISA LANE BRANDON FL 33511</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Albert Frost*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-26-02 813-361-2117  
 Date Daytime Phone #

CR2E034 (4/02)