

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000072128

1. Entity Name
ALERT SECURITY SERVICES OF JACKSONVILLE, INC.



Principal Place of Business
**1026 TWELVE OAKS PLACE
STE F
WATKINSVILLE, GA 30677**

Mailing Address
**1026 TWELVE OAKS PLACE
STE F
WATKINSVILLE, GA 30677**

FILED
04 NOV 15 PM 2:46
REINSTATEMENT
TALLAHASSEE, FLORIDA

2. Principal Place of Business
**485 Huntington Rd
Suite 197
Athens, GA
30606**

3. Mailing Address
**485 Huntington Rd
Suite 197
Athens, GA
30606**

10282004 REIN-P CR2E098 (6/04)

4. FEI Number
58-2649987

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent
Name **John Moxley**
Street Address (P.O. Box Number is Not Acceptable)
**John Moxley, P.A.
2320 NE 2nd St. Suite 4
Ocala, FL 34470**

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 **John Moxley** **John Moxley** **11/1/04**
Signature, typed or printed name of registered agent and is not applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KISER, PAUL JACK JR 1041 NORTHWOODS RD. WATKINSVILLE, GA 30677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Paul Jack Kiser CEO** **10/29/04** **706-583-1900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

04 NOV 15 PM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVED AND FILED

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11/30/04--01056--019 **150.00