

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-23-2003 90135 037 ***150.00

DOCUMENT # P01000072128

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



Principal Place of Business
**2386 CLOWER ST., BLDG. A, STE. 201
SNELLVILLE, GA 30078**

Mailing Address
**2386 CLOWER ST., BLDG. A, STE. 201
SNELLVILLE, GA 30078**

11010363



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1026 TWELVE OAKS PLACE

3. Mailing Address
1026 TWELVE OAKS PLACE

Suite, Apt. #, etc.
SUITE F
City & State

Suite, Apt. #, etc.
SUITE F
City & State

WATKINSVILLE, GA

WATKINSVILLE, GA

Zip Country
30677 OCONEE

Zip Country
30677 USA

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

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

B. 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

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

(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 11

TITLE ☐ Delete
NAME **D BECKER, CHRISTOPHER**
STREET ADDRESS **315 LONGMOOR WAY**
CITY-ST-ZIP **ALPHARETTA, GA 30202**

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

TITLE ☐ Delete
NAME **D KISER, PAUL JACK JR**
STREET ADDRESS **1041 NORTHWOODS RD.**
CITY-ST-ZIP **WATKINSVILLE, GA 30677**

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

TITLE ☐ Delete
NAME **D MAHOLANY, ANDREW ANDRAS**
STREET ADDRESS **4451 CHASEWOOD DR.**
CITY-ST-ZIP **JACKSONVILLE, FL 32225**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

P. D. Kiser
JACK KISER

4-16-03

CR2E034 (10/02)