FILED
Jun 12, 2003 8:00 am
Secretary of State
04-18-2003 90154 035 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000107181 (L)

1. Entity Name
ALL ELECTRONIC SECURITY, INC.

Principal Place of Business	Mailing Address
501 S. FALKENBURG ROAD	501 S. FALKENBURG ROAD
A-6	A-6
TAMPA FL 33619	TAMPA FL 33619

[redacted]

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2409 Falkenburg Rd	2049 Falkenburg Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa FL	City & State: Tampa FL
Zip: 33619 Country: Hills	Zip: 33619 Country: Hills.

4. FEI Number: 32-0034644 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FREESE, MIKE
501 S. FALKENBURG ROAD
A-6
TAMPA FL 33619

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE M. Freese 5/19/03
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

TITLE	P	☐ Delete
NAME	Mike Freese	
STREET ADDRESS	1320 Bramblewood Dr.	
CITY-ST-ZIP	Lakeland, FL 33811	
TITLE	VP	☐ Delete
NAME	Don Hager	
STREET ADDRESS	27127 Coral Springs Dr.	
CITY-ST-ZIP	Wesley Chapel FL 33543	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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 REQUIRED M. Freese 5/19/03 813-612-9622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #