2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011490

1. Entity Name

Principal Place of Business

RIORDAN, C. TIM

SIGNATURE

7014 UPLAND GLADE TALLAHASSEE FL 32312

ALTERNATIVE SECURITY SOLUTIONS INC

/014 UPLAND GLADE 7014 UPLAND GLADE TALLAHASSEE FL 32312-6711 TALLAHASSEE FL 32312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country

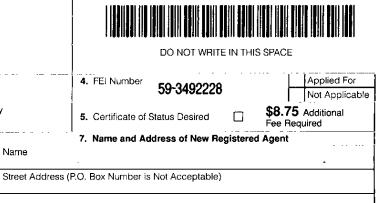
6. Name and Address of Current Registered Agent

Mailing Address

FILED Jan 20, 2000 8:00 am Secretary of State

01-20-2000 90102 001 ***150.00

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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.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

Name

City

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

(See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE ☐ Change Addition NAME RIORDAN, TIM NAME STREET ADDRESS 7014 UPLAND GLAZE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Change Addition TITLE ☐ Delete RAYNER, PETER STREET ADDRESS STREET ADDRESS 706 MCNTICELLO DR CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32303 TITLE ☐ Addition TITLE Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP

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.

CR2E034 (9/99