

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

**DOCUMENT #** P98000011490

**1. Entity Name**

ALTERNATIVE SECURITY SOLUTIONS INC

**DO NOT WRITE IN THIS SPACE**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Signature]*

**2. Principal Place of Business**

7014 UPLAND GLADE

**3. Mailing Address**

3543 ROSEMONT RIDGE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ROAD

DO NOT WRITE IN THIS SPACE

**City & State**

TALLAHASSEE FL

**City & State**

TALLAHASSEE FL

**4. FEI Number**

59-3492228

**Applied For**

Not Applicable

**Zip**

32312

**Country**

USA

**Zip**

32312

**Country**

USA

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

RIORDAN, C. TIM

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

7014 UPLAND GLADE

**City**

TALLAHASSEE

**FL**

**Zip Code**

32312

**DO NOT WRITE  
IN THIS SPACE**

**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.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**9. This corporation is eligible to satisfy its Intangible**

Tax filing requirement and elects to do so.

(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

P.

RIORDAN TIM

7014 UPLAND GLADE

TALLAHASSEE, FL 32312

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

300005183223--3

-04/02/02--01052--002

\*\*\*\*150.00 \*\*\*\*150.00

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

V.P.

RAYNER, PETER

3543 ROSEMONT RIDGE ROAD

TALLAHASSEE, FL 32312

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

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**TITLE**

**NAME**

**STREET ADDRESS**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER RAYNER

3/12/02

Date

850/591-2951

Daytime Phone #

CR2E034B (12/01)