2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900000844

Entity Name

CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

ALERT SECURITY PROFESSIONALS, INC.

Mailing Address Principal Place of Business SW OLD DIXIE HIGHWAY 624 SW OLD DIXIE HIGHWAY VETTO BEACH FL 32962 VERO BEACH FL 32962-4536 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0886150 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOHN M. HAGIN Street Address (P.), Box Number is Not Acceptable)
624 SW. OLD DIXIE HWY GRIMES, DANIEL H JR. 1873 BROOKSIDE ST. PALM BAY FL 32907 Zip Code **3296** 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DIRECTOR GRIMES, DANIEL H. JL 1845 Robalo DR, # 203-). Change TITLE ☐ Delete GRIMES, DANIEL H JR. NAME 1873 BROOKSIDE ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32960 PALM BAY FL 32907 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE " YOHN W" エタのこと NAME NAME 645 18TH AVE. STREET ADDRESS STREET ADDRESS VERO BEACH 32962 CITY-ST-7IP CITY-ST-ZIP S,D Addition Change ☐ Defete TITLE TITLE HAGIN, LISA R. NAME NAME 645 BTHAVE STREET ADDRESS STREET ADDRESS VERO BEACH CITY-ST-ZIP 32962 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS

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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

FILED May 05, 2000 8:00 am Secretary of State

05-05-2000 90096 017 ***150.00