

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027641

1. Entity Name

INTERNATIONAL SECURITY SOLUTIONS, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 91435 001 ***450.00

Principal Place of Business

1311 EXECUTIVE CENTER DR.
STE. 109
TALLAHASSEE FL 32301

Mailing Address

1311 EXECUTIVE CENTER DR.
STE. 109
TALLAHASSEE FL 32301-5018

2. Principal Place of Business

2110 Park Street
Suite, Apt. #, etc.

3. Mailing Address

2110 Park St.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orange Park, FL

City & State

Orange Park, FL

4. FEI Number

59-3575797

Applied For

Not Applicable

Zip

32073

Country

Clay

Zip

32073

Country

Clay

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

Name

Jack F. Wise

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

2110 Park Ave.

City

Orange Park

FL

Zip Code
32073

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
PALMISANO, SALAVATORE L
1331 E. LAFAYETTE ST., STE. A
TALLAHASSEE FL 32301 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
Jack F. Wise
2110 Park Ave
Orange Park, FL 32073 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KNOWLES, MICHAEL L
1331 E. LAFAYETTE ST., STE. A
TALLAHASSEE FL 32301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P. Michael L. Knowles
5420 Paces Mills Rd.
Tallahassee, FL 32308 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
EWING, BRETT E
1331 E. LAFAYETTE ST., STE. A
TALLAHASSEE FL 32301 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Jerry Rinehart
1757 Fiddlers Ridge Cir
Orange Park, FL 32073 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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.

SIGNATURE:

SECRETARY REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #