

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90056 031 ***150.00

DOCUMENT # F99000003307

1. Entity Name

INTERSTATE SECURITY AGENCY, INC.

Principal Place of Business

PO BOX 871326
STONE MOUNTAIN GA 30087-0034

Mailing Address

PO BOX 871326
STONE MOUNTAIN GA 30087-0034

B0037420



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7048 Glen Cove Lane
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 871326
 Suite, Apt. #, etc.

City & State

Stone Mt. Georgia
 Zip **30087** Country **U.S.**

City & State

Stone Mt. Georgia
 Zip **30087** Country **U.S.**

4. FEI Number

58-2215079

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HARRISON, MARIE
11527 MANATEE DR.
JACKSONVILLE FL 32218

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.

marie Harrison
 SIGNATURE **Walter Harper**

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, 2002 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

TITLE **PCD** ☐ Delete
 NAME **HARPER, WALTER**
 STREET ADDRESS **287 WINDING WATER CT.**
 CITY-ST-ZIP **STONE MOUNTAIN GA 30087**

TITLE **V** ☐ Delete
 NAME **WHITE, SHARON**
 STREET ADDRESS **5750 EVERGLADES LANE**
 CITY-ST-ZIP **NORCROSS GA 30081**

TITLE **VC** ☐ Delete
 NAME **HARPER, ERMA**
 STREET ADDRESS **2887 S. WIGGINS ST.**
 CITY-ST-ZIP **LITHONIA GA 30058**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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.

SIGNATURE: **Walter Harper**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-18-02 770 314 5959

CR2E034 (9/01)