FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92202 043 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000113777

1. Entity Name
PEACE OF MIND PROTECTION, INC.

90127914

Principal Place of Business	Mailing Address
2715 N HARBOR CITY BLVD SUITE 12 MELBOURNE, FL 32935	~~2715 N HARBOR CITY BLVD~~ ~~SUITE 12~~ MELBOURNE, FL 32935

2. Principal Place of Business	3. Mailing Address
	624 Creel Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Melbourne, Florida
Zip / Country	Zip: 32935 Country: USA

X CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3759232 ☐ Applied For ☐ Not Applicable

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
WEINSTEIN, DAVID 224 PROVINCIAL DR INDIALANTIC, FL 32903	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] DATE 4/30/03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2003 fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINSTEIN, DAVID P 224 PROVINCIAL DR INDIALANTIC, FL 32903	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/30/03 321-751-9991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #