2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **L23195** Apr 12, 2000 8:00 am Secretary of State 1. Entity Name SENTINEL INSTRUMENT CORPORATION 04-12-2000 90006 028 ***150.00 Mailing Address Principal Place of Business 1228 S. MILITARY TRAIL 1228 S. MILITARY TRAIL **APT 2125 APT 2125** DEERFIELD BEACH FL 33442-7650 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address S. W. 15th St 2379 S.W. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0150495 Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ARMUS, SHELDON R. 1228 S. MILITARY TRAIL, APT 2125 DEERFIELD BEACH FL 33442 FL 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) DATE 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. M Change ☐ Addition PCD ☐ Delete TITLE TITLE ARMUS, SHELLON ARMUS, SHELDON NAME NAME 2379 S.W. 15th, Street unit STREET ADDRESS STREET ADDRESS 1228 S. MILITARY TRAIL, APT 2125 CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33442** ☐ Change Addition ☐ Defete TITLE TITLE WHITTAKER, JENNIFER A. NAME NAME STREET ADDRESS STREET ADDRESS 2772 NE 29 AVE CiTY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TIT! F

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

Sheldon Armus Sheldon Armus Precident Signature and Types of Printed Name of Signature and Types of Printed Name of Signang Officer or Director

4/6/2000

(954) 427-4663