FILED May 14, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) P00000114987 **DOCUMENT #**

SECURITY ONE DIRECT, INC.				05-14-2002 90314 012 ***150.00	
Principal Place of Business 9366 GULFSTREAM BLVD ENGLEWOOD FL 34224		Mailing Address 9366 GULFSTREAM BLVD ENGLEWOOD FL 34224			
2. Principal Place of Business		3. Mailing Address			(1881 1881 114 881) 883 883 883 1883 1883 1881 1883 1883 1883 1883
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & State		City & State			FEI Number Applied For Not Applicable
Zip C	Country	Zip	Country	5	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and	Address of Current F	Registered Agent			Name and Address of New Registered Agent
DRIER, BERND J 9366 GULFSTREAM BLVD ENGLEWOOD FL 34224		Street Addrugers 93		Erik 1 et Address (P.C 9366 (L. Drier D. Box Number is Not Acceptable) Gulfstream Blvd. wood, Florida FL Zip Code 34224
SIGNATURE CAR	E) The name of registered agent a to satisfy its Intangible	rik L. Drier nd title if applicable. (NOT	E: Registered Agent s I!! FEE IS \$1 02 Fee will be	ignature required who 50.00 \$550.00	agent, or both, in the State of Florida. 4/26/02 en reinstating) DATE 10. Election Campaign Financing Trust Fund Contribution. Added to Fees
11.	OFFICERS AND D	<u> </u>	12.	i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE V/P NAME Beatri STREET ADDRESS 9366 G	ce M. Drie ulfstream	XX Delete r Blvd	TITLE NAME STREET ADDRI	Pres Eril	sident Change XX Addition k L. Drier 6 Gulfstream Blvd.,Englewood Fl
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ood, FL. 3	Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	Berno 9366	d Drier XX Change Addition Gulfstream Blvd
NAME STREET ADDRESS CITY-ST-ZIP		Delete Tools	NAME STREET ADDRE	:	Chiange Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		´ □ Delete	TITLE NAME STREET ADDRE	ess	☐ Change ☐ Addition
TITLE		☐ Delete	TITLE		☐ 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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

☐ Delete

4/26/02

Change

☐ Addition