2001	UNIFORM BUSI	NESS REPOI	RT (UB	R)	FILED				
DOCUMENT # F9500000178 1. Entity Name SAFE AND SOUND SECURITY, INC.					Aug 22, 2001 08:00 AM Secretary of State				
Principal Place 6401 CONGRES SUITE 120 BOCA RATON 33487	SS AVENUE	Mailing Address 6401 CONGRESS AVENUE SUITE 120 BOCA RATON 33487	FL						
	lace of Business BOULEVARD CIRCLE NW	3. Mailing Address 2930 BANYAN BOULEVARD CIRCLE NW						-	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE	E IN THIS SPA	CE	–	
City & State	FL	City & State BOCA RATON	FL	I .	FEI Number 75-2568437			oplied For ot Applicable	
Zip 33431	Country	Zip 33431	Country	5.	Certificate of Status Desired	X \$8	.75 Adı Require	ditional ed	
ZEIGEN 1900 N.W. C SUITE 300-I BOCA RATO 33431		gistered Agent	Street A	I-GURLEY Address (P.O. ANYAN BOUI	JULIE M Box Number is Not Acceptable) LEVARD CIRCLE NW				- - - -
9. This corpo	JULIE CHRIST-GURL Signature, typed or printed name of registered agent and pration is eligible to satisfy its Intangible equirement and elects to do so, ia on back)		Fee will be \$.00 550.00	reinstating) 10. Election Campaign Fina Trust Fund Contribution.		\$5.0	00 May Be	The second secon
11.	OFFICERS AND DI		12.		ADDITIONS/CHANGES TO OFFIC	ERS AND DI	RECTOR	S IN 11	1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHRIST-GURLEY JULIE 6401 CONGRESS AVENUE, STE. 120 BOCA RATON	☐ Delete FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHRIST-0 2930 BAN BOCA RA	YAN BOULEVARD CIRCLE NW		Change	☐ Addition	34 (11)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COFFER PRESTON 17624 CANDLEWOOD TERRACE BOCA RATON	☐ Delete . FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GURLEY 2930 BAN BOCA RA	SCOTT A YAN BOULEVARD CIRCLE NW ITON		Change	Addition	CR2E0
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	
TITLE NAME STREET ADDRESS City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
of the cor		ue and accurate and that my ered to execute this report as h all other like empowered.	r signature shall r s required by Cha	agua tha comi	a local offect on if madeder er	ath; that I am a appears in Bl		ar disastar	-

Daytime Phone #