2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # G20308 1. Entity Name MORRELL SECURITY, INC. Principal Place of Business D. BOX 500601 FL 33050-0601 P.O. BOX 500601 MARATHON FL 33050-0601 US 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED Apr 25, 2000 8:00 am Secretary of State

04-25-2000 90123 050 ***150.00



DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2261516 Not Applicable Country \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MORRELL, DONALD T Street Address (P.O. Box Number is Not Acceptable) 58458 OVERSEAS HIGHWAY **GRASSY KEY FL 33050** Zip Code

(NOTE: Registered Agent signature required when reinstating)

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.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

(See criteria on back)

Signature, typed or printed name of registered agent and title if applicable

SIGNATURE

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

DATE

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Addition **PVD** Delete TITLE TITLE MORRELL, DONALD T. NAME 58458 OVERSEAS HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GRASSY KEY FL Change ☐ Addition ☐ Delete TITLE TITLE MORRELL, HELENA NAME STREET ADDRESS STREET ADDRESS **58458 OVERSEAS HIGHWAY** CITY-ST-ZIP CiTY-ST-ZIF GRASSY KE ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00 305-743-3143

Daytime Ph

CH2E034 (9/9