352-475-5391

2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 02, 2001 8:00 am Secretary of State **DOCUMENT # G92445** FLORIDA DETENTION SYSTEMS, INC. 02-02-2001 90301 044 ***158.75 Principal Place of Business Mailing Address NORTH HWY 21 NORTH HWY 21 P.O. BOX 1609 P.O. BOX 1609 MELROSE FL 32666 MELROSE FL 32666 2. Principal Place of Business 3. Mailing Address 12<u>96 SE 31st Street</u> 1296 SE 31st Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State . Melrose, FL City & State 4. FEI Number Applied For 59-2382860 Melrose, Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired USA∴ 32666 32666 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEWART, GEORGE W. Street Address (P.O. Box Number is Not Acceptable) 1147 SE 27th Street SE 43RD LANE **MELROSE FL 32666** Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPS TITLE Delete Change TITLE ☐ Addition STEWART, GEORGE W. NAME NAME STREET ADDRESS **HWY 21B** 1147 SE 27th Street STREET ADDRESS CITY-ST-ZIP MELROSE FL CITY-ST-ZIP Melrose, FL 32666 Delete TITLE TITLE Change Addition LANIER, HANS NAME NAME STREET ADDRESS **HWY 21B** STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MELROSE FL TITLE - Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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.

<u>President</u>