2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2001 8:00 am Secretary of State **DOCUMENT # K49877** 1. Entity Name GENERAL SECURITY AND INVESTIGATIONS, INC. 05-01-2001 90033 015 ***150.00 Principal Place of Business Mailing Address 5008 W. LINEBAUGH AVE. 5008 W LINEBAUGH AVE SUITE#5 STE 5 **TAMPA FL 33624** TAMPA FL 33624 LIS US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2918141 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GEORGE, NICHOLAS J., SR. Street Address (P.O. Box Number is Not Acceptable) 10110 KEN LAKE DR. RIVERVIEW FL 33569 City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE Change Addition GEORGE, NICHOLAS J., SR. NAME MAME STREET ADDRESS 10110 KEN LAKE DRIVE STREET ADDRESS CITY-ST-ZIP RIVERVIEW FL CATY SY-ZIP VP TITLE ☐ Delete TITLE Change Addition GEORGE, SHIRLEY M. NAME MAME 10110 KEN LAKE DRIVE STREET ADDRESS STREET ACORESS CITY-ST-ZIP CITY-ST-7IP RIVERVIEW FL TITLE ☐ Delete TITLE ☐ Change Acdition 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 ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE ☐ Delete THE Change ☐ Addation NAME NAME

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 port 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 add

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