2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1.10030

2003 FOR PROF UNIFORM BUSIN	TIT CORPOR	RATION T (UBR)	FILEI Apr 16, 2003 Secretary of	
DOCUMENT# L1003			Secretary of	f State
Entity Name MORSE SECURITY GROUP, INC.	,		04-16-2003 90114 013	
Principal Place of Business 861 W. MORSE BLVD. SUITE 100 WINTER PARK FL 32789 US 2. Principal Place of Business Mailing Address P.O. BOX 1809 WINTER PARK FL 32790 US 3. Mailing Address				
			(-	
Suite, Apt. #, etc. Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
City & State	City & State		4. FEI Number 59-2586781	Applied For Not Applicable
Zip Country	Zip	Country	T 5 Certificate of Status Desired T T	\$8.75 Additional Fee Required
6. Name and Address of Curren	t Registered Agent	<u>_</u>	7. Name and Address of New Registered A	
051115		Name — NA	C MUNIZ	
DENNETT, DECKA A Street			(P.O. Box Number is Not Acceptable)	
			MORSE BLVD	
WINTER PARK FL 32789				Zin Code
		WINT	ER PARK FL	Zio Code 3 2787
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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE Signature, typed or printed name of registered agent and file it applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department	of State		9. Election Campaign Financing Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition	
NAME * RUTLEDGE, DIANA STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789	☐ Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change C Addition
ITILE DVS NAME BENNETT, DEBRA A STRÉET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789	X , Delete	STREET ADDRESS 86/	IA C MUNIZ IA C MUNIZ I W. MORSE BLVD 100 ITER PARK FL 32789	⊠ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	☐ Delete	TITLE		Change Addition

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

NAME

☐ Delete

☐ Change

Addition