FILED

2002 UNIFORM BUSINESS REPORT (UBR)

May 09, 2002 8:00 am Secretary of State DOCUMENT # L11222 1. Entity Name PROFESSIONAL SECURITY SYSTEMS, INC. 05-09-2002 90089 024 ***150.00 Principal Place of Business Mailing Address 215 N. WASHINGTON'ST 215 N WASHINGTON ST PERRY FL 32347 PERRY FL 32347 2. Principal Place of Business r Plaza Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2965030 Not Applicable \$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 HILL, SIDNEY P. Street Address (P.O. Box Number is Not Acceptable) 215 N WASHINGTON ST Courtne PERRY FL 32347 ራዛጸ City FI this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 4/24/02 nt and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 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 12. DP TITLE Delete Change ☐ Addition HILL, SIDNEY P. NAME NAME STREET ADDRESS RT. 3. BOX 335 STREET ADDRESS CITY-ST-7IP PERRY FL CITY-ST-ZIP DP TITLE ☐ Delete TITLE Change ☐ Addition NAME HILL: SIDNEY P. JR. NAME 1648 Courtney Rd STREET ADDRESS RT 5 BOC 78 STREET ADDRESS CITY-ST-ZIP PERRY FL ... CITY-ST-ZIP Perry FL 32347 ☐ Delete TITLE Change ☐ Addition NAME HILL, TYSON M NAME 1592 Horold DAWS Rd STREET ADDRESS RT - 3 BOX 335 STREET ADDRESS Pelly FL 32347 PERRY FL CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME HILL, JUDITH F NAME STREET ADDRESS RT 3 BOX 335 STREET ADDRESS CITY-ST-ZIF PERRY FL:32347 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME HARRY STREET ADDRESS ALE OF BOOK STOP STREET ADDRESS CITY-ST-ZIP WEST PARAGRAPS 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,