

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 25, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # M99000001468****1. Entity Name**  
**PUBLIC SAFETY MANAGEMENT, L.C.**

<b>Principal Place of Business</b> 600 CLEVELAND STREET  CLEARWATER FL 33755	<b>Mailing Address</b> 600 CLEVELAND STREET  CLEARWATER FL 33755
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<b>2. Principal Place of Business</b> 600 CLEVELAND STREET	<b>3. Mailing Address</b> 600 CLEVELAND STREET
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<b>Suite, Apt. #, etc.</b> SUITE 400	<b>Suite, Apt. #, etc.</b> SUITE 400
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<b>City &amp; State</b> CLEARWATER FL	<b>City &amp; State</b> CLEARWATER FL
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<b>Zip</b> 33755	<b>Country</b>	<b>Zip</b> 33755	<b>Country</b>
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<b>4. FEI Number</b> <b>59-3505231</b>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
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**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****FENLON TIMOTHY**  
**600 CLEVELAND STREET**  
**SUITE 680**  
**CLEARWATER FL 33755****7. Name and Address of New Registered Agent**

<b>Name</b> FENLON TIMOTHY P
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 600 CLEVELAND STREET
<b>SUITE 400</b>
<b>City</b> CLEARWATER <b>FL</b> <b>Zip Code</b> 33755

**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 TIMOTHY P. FENLON, PRESIDENT/CEO****05/25/2000**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State****9. MANAGING MEMBERS/MEMBERS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Delete</b>
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Delete</b>
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Delete</b>
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**MGRM**  
**SWINDON MARK**  
**7215 TAYLORSVILLE RD**  
**HUBER HEIGHTS OH 45424**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Delete</b>
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**MGR**  
**FENLON TIMOTHY**  
**600 CLEVELAND STREET**  
**CLEARWATER FL 33755**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Delete</b>
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**MGRM**  
**LACHEY ROBERT**  
**318 W FOURTH ST**  
**DAYTON OH 45402**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Delete</b>
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**10. ADDITIONS/CHANGES**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> <b>HAALAND PETER</b> <b>518 WEST LINDEN STREET</b> <b>LOUISVILLE CO 80027</b>	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> <b>WINCHESTER DAVID</b> <b>15 GLEN EAGLES DRIVE</b> <b>LARCHMONT NY 10538</b>	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
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**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**