2001 UNIFORM BUSINESS REPORT (UBR) Apr 16, 2001 8:00 am DOCUMENT # POOOOO 10899 V Secretary of State B+H Protective Services, Inc. 04-16-2001 90270 015 ***150.00 DBA: We Got Itil Principal Place of Business 1035 -S-Blanding BIUD #103 Same -ORause Purk, FI 32065 A0049436 2. Principal Place of Business 3. Mailing Address 035 S Blanding BIUD Suite, Apt. #, etc. Suite, Apt. #_etc. DO NOT WRITE IN THIS SPACE 103 City & State Applied For FEI Number Park, F Not Applicable Orause Country C. \$8.75 Additional 5. Certificate of Status Desired ,🗆 🛶 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BassiFF JR. 13455iTT Bayhill BluD ORange Paris, F1 32065 Zip Code ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this states SIGNATURE desilors if eltit bas tagget 9. This corporation is eligible to satisfy its intangible FILE-NOW!!!"FEE-18-\$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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. President CR2E034 (11/00) President ☐ Delete ☐ Change TITLE LARRY BassITT JR 1299 Bayhill BIUD Jerry Doval 2020 weils RD #21E NAME NAME STREET ADDRESS STREET ADDRESS Orange Park, Fl 32065 Orause Purk, Fl 32073 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Addition NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete TITLE 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 chapter or on an attachment with an address with all other like empowered. Arry Lee BASTIT DR. 02-20-01 904-682ICER OR PRECTOR

Date

Date

Date

Date

Date

Destinate Phone # SIGNATURE: