2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 26, 2002 8:00 am Secretary of State P00000010899 **DOCUMENT #** 1. Entity Name 03-26-2002 90089 004 ***150.00 B & H PROTECTIVE SERVICES INC. Principal Place of Business Mailing Address 1035 S BLANDING BLVD #103 1035 S BLANDING BLVD #103 UUUULLV ORANGE PARK FL 32065 **ORANGE PARK FL 32065** 3. Mailing Address DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3618785 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BASSITT, LARRY L-JR. 1299 BAYHILL BLVD **ORANGE PARK FL 32065** 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 MOTE: 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 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) TITLE Delete TITLE Larry Bussirr JR. BASSITT, LARRY JR NAME NAME 1035 Blanding Blub # 108 STREET ADDRESS 1299 BAYHILL BLVD STREET ADDRESS **ORANGE PARK FL 32065** CITY-ST-ZIP CITY-ST-ZIP CR2 TITLE Delete TITLE Change ☐ Addition DOVAL, JERRY NAME Blanding BIUD #108 NAME STREET ADDRESS 2020 WELLS RD #21E STREET ADDRESS **ORANGE PARK FL 32073** CITY-ST-ZIP Brange Parily, F1 32065 CITY-ST-ZIP TITLE Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DIE Oalete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Channe 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 at 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, with all other line empowered.

FILED