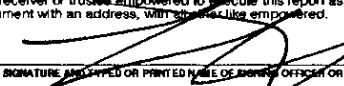


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000015391		
1. Entity Name VMC PROTECTION, INC.		
Principal Place of Business 7205 INTERNATIONAL DR. ORLANDO, FL 32819		Mailing Address 7205 INTERNATIONAL DR. ORLANDO, FL 32819
2. Principal Place of Business 1650 Sandlake Rd Suite, Apt. #, etc. 255		3. Mailing Address 1650 Sandlake Rd Suite, Apt. #, etc. 255
City & State Orlando, FL Zip 32809 Country USA		City & State Orlando, FL Zip 32809 Country USA
4. FEI Number 59-3626185		Applied For Not Applicable
5. Certificate of Status Desired X		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MADAY, CHRIS 7205 INTERNATIONAL DR. ORLANDO, FL 32819		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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 date if applicable. (NOTE: Registered Agent's signature required when releasing) DATE		
FILE NOW WITH FEES \$160.00 After May 1, 2003 Fee will be \$660.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURRAY, CHRIS 7205 INTERNATIONAL DRIVE ORLANDO, FL 32819 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Same Maday, Chris Same ☒ Change ☐ Addition Correction Spelling
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOGEWITZ, JOSEPH O 6633 CHERRY GROVE RD ORLANDO, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Same Kogewitz, Joseph Same ☒ Change ☐ Addition Correction Spelling
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUTLEDGE, AMANDA 3426 SUGAR MILL RD KISSIMEE, FL 34741 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Rutledge, Amanda Same ☒ Change ☐ Addition Correction Spelling
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with the same legal effect.		
SIGNATURE:  J.O. Rogewitz 4/28/03 (407) 581-0679 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Florida Phone #		

90130233



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)