FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91833 017 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000015391

1. Entity Name
VMC PROTECTION, INC.

90130233

Principal Place of Business	Mailing Address
7205 INTERNATIONAL DR. ORLANDO, FL 32819	7205 INTERNATIONAL DR. ORLANDO, FL 32819

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
16650 Sandlake Rd	16650 Sandlake Rd
Suite, Apt. #, etc.: 255	Suite, Apt. #, etc.: 255
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32809 Country: USA	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	7. Name and Address of New Registered Agent
MADAY, CHRIS 7205 INTERNATIONAL DR. ORLANDO, FL 32819	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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 7206 INTERNATIONAL DRIVE ORLANDO, FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	same Maday, Chris same	X Change ☐ Addition Correction Spelling
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KOGEWITZ, JOSEPH O 6533 CHERRY GROVE RD ORLANDO, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	same Rogewitz, Joseph same	X Change ☐ Addition Correction Spelling
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RUTLEADGE, AMANDA 3425 SUGAR MILL RD KISSIMMEE, FL 34741	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rutledge, Amanda same	X Change ☐ Addition Correction Spelling
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 all other like empowered.

SIGNATURE: J.O. Rogewitz 4/28/03 (407) 581-0679
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #