2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000024234

1. Entity Name

PUBLIC SAFETY GROUP, INC.

Principal Place of Business

Mailing Address

13501 INGENUITY DR., SUITE 100 ORLANDO FL 32826

13501 INGENUITY DR., SUITE 100 ORLANDO FL 32826

FILED May 10, 2001 8:00 am Secretary of State

05-10-2001 90214 031 ***158.75

UUU49770



9 Oringinal Di	lane of Dunin		A Mailing Address	iling Address									
2. Principal P	ace of Busin	692	'	3. Mailing Address				-					
Suite, Apt. #, etc.				P. O. Box 953966 Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
Suite, Apt. #, ote.				Lake Mary:				DONOT WITE IN THE STAGE					
City & State				City & State				4. FEI Number				plied For	
				Lake Mary, Fl	1			<u>5</u>	9-3627480 <u> </u>				t Applicable
Zip Country				Zip Country 32795 - USA			5.	5. Certificate of Status Desired 🔀 \$8.75 Additional Fee Required					
	and Address o	f Current Re	7. Name and Address of New Registered Agent										
						Name R	amzan .	Jai	nmohamed				
	iausen, je												
	LEE ROAD				320 G			(P.O. Box Number is Not Acceptable) rand Valley Drive					
WINT	ier park i	FL 32789											
						Oit-						Zin Code	
				City Lake			Mary F			L	L 32746		
9 The above	named entity	eubmite this st	ernent for th	e nurnose of changing its	s registere	ed office or	registered a	ader	nt, or both, in the State of Flori	ida.			
e. THE ADOVE	nameu enuty	CONTINUE CHO SE	Tonion to th	o perposo or onenging in	, rogistore	33 31,700 01	9.0.0.00 0						
ı			W/										
SIGNATURE _	Signature, typed	or printed name of reg	ist or agent and i	itle if applicable. (NO	TE: Registere	d Agent signatu	re required wher	n rein	stating)	DATE	<u> </u>		
	4 4							1					
•	_	ble to satisfy its		FILE NOW!!! FEE IS \$150.00					10. Election Campaign Fina	ncing	_	\$5.0	0 May Be
Tax filing requirement and elects to do so. (See criteria on back)			_	After MAY 1, 2				Trust Fund Contribution				to Fees	
(See criteri	ia on back)		Ш	Make Check Paya		eparimeni							N 15.1
11.	()	OFFIC	ERS AND DIF	RECTORS	12.			ADD	ITIONS/CHANGES TO OFFIC	CERS A			
TITLE	\	\		☐ Delete	TITLE	1	P/D				L	Change	☐ Addition
NAME		1			NAM	- 1	Dona]	1d	C. Nagle				
STREET ADDRESS	İ					ET ADDRESS	2187	We	embley Place				
CITY-ST-ZIP		·			CHY	-ST-ZIP	Ovied	do-	FL 32765				
TITLE				☐ Delete	TITLE	Ε	V/D/S				L	Change	☐ Addition
NAME					NAM			-	Janmohamed				
STREET ADDRESS						ET ADDRESS				,			
CITY-ST-ZIP			<u>~ ·</u>		CITY	-ST-ZIP	_Lake	_M	and Valley Drive ary, FL_32746	·			`—·
TITLE				☐ Delete	TITLE		V/D		-			Change	Addition
NAME					NAM				Lorenz				
STREET ADDRESS						ET ADDRESS			rbury Court				
CITY-ST-ZIP	,				CITY	-ST-ZIP		_ <u>Z</u>	<u>urich, IL 60047</u>				
TITLE	<i>;</i>			☐ Delete	TITLE		V				L.	Change	Addition
NAME	,	/			NAM		John	D	. Leonard				
STREET ADORESS					1	ET ADDRESS			watte Drive				
CITY-ST-ZIP						-ST-ZIP	Walp	os	e, MA 02081				
TITLE				☐ Delete	TITLE						L	Change	☐ Addition
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CITY-ST-ZIP					-								
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STREET ADDRESS					1	ET ADDRESS							
CITY-ST-ZIP						-ST-ZIP			·				
indicated	on this range	t ar eunnlamd a t	al report is tru	is and accurate and that	my giana	ture shali ha	ave the sam	10 0	19.07(3)(i), Florida Statutes. I 1 gal effect as if made under of a Statutes; and that my name	arn: rnar	∵iam a	an officer	or airector

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ramzan Janmohamed SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 04/27/01

407 808 7298

Daytime Phone #