FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jan 13, 2003 8:00 am Secretary of State

1. Entity Name	e	#P000000 lerground.		$\sqrt{}$		01-13-20	003 90130	004 ***150.0	0
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wasiana and mapping by the particle			IN THIS SPACE			20005374			
2. Principal Pla		iont Rd.	3. Mailing Address 30420 · Ber	mon	7 Ra.				
30420 Bermont Rd. Suite. Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
Punta			Punta Gora	a	F٤	4. FEI Number 65-1018604	1	Applied Fo	
^{Zip} 3398コ	2.	Charloble	3398Z	Count Cha	riotte	5. Certificate of Status Desired	□ \$	8.75 Additional e Required	
Produce.	eus d'Asia		es defects making		Name ,	7. Name and Address of Current	Registered A	gent	
	\mathbf{D}	D NOT WE	राग्धः		Street Address (F	AM D. SCOTT O. Box Number is Not Acceptable	· -		\dashv
a Silverida Al-Peler	: IN	THIS SPA	ACE		50420	Bermont Ra	·		
					City Punt	a Gorda	FL	Zip Code 33982	
The above no the obligation	amed entity si	ubmits this statement for t ed agent.	he purpose of changing its	registere	d office or registere	ed agent, or both, in the State of Flo	rida. I am fam	iliar with, and acce	pt
SIGNATURE	Wil	This so do	46				DI-0	Dle-03	
Janu	gnature, typed or it lary 1 - May i	fified name of registered agent and 1*Fee is \$150.00 and ee is \$550.00	i till-fi applicable. (NOTE	; Fiegatored	Agant signature required v		DATE		
Production of the A	Amended UI	BR is \$61.25 orida Department of S	tate			Section Campaign Final Trust Fund Contribution		\$5.00 May B Added to Fees	e
10.		OFFICERS AND DI		in and	and the sections.		diserry is La	(1) 10 10 10 10 10 10 10 10 10 10 10 10 10	WHY.
		INT - P n D. SCOTT		TITLE	AUGUSTA AUGUSTA	and the state of t			202
STREET ADDRESS 3	30420 Bermont Rol.				ADDRESS				9 1
	Punta Gorda, FL 33982 Vice President - V				IT-ZIP				2 S
NAME 3	James W. Amendola				e sa lette.	group of the state			* 8
CITY-SI-ZIP Punta Borda, FL 33983				STREET CITY-S	ADDRESS (T. 7)				
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NAME F STREET ADDRESS 2	A. DEN	15E SCOTT	•	NAME.					
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NAME STREET ADDRESS				€ NAME	Gur Lagy		PEACI	⊑ (2012-05) q	
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NAME STREET ADDRESS CITY-ST-ZEP UTLE NAME			,	CITY-S TITLE HAME STREET	ADDRESS 2				
STREET ADDRESS STY-ST-ZEP			,	CITY-S TITLE HAME STREET CITY-ST TITLE NAME	ADDRESS ADDRESS		AM Security Galactic		

12. Thereby 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 on an analysis of the corporation of the corporation of the receiver or trustee empowered.

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-06-03

941-637-9736

Daytime Phone #