AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P00000068505

1. Entity Name

SECURITY & INVESTIGATIONS GROUP, INC.

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2. Principal Place of Business	3. Mailing Address
2639 DR. M.L. KING JR. BLVD. N.	2639 DR. M.L. KING JR. BLVD. N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. PETERSBURG, FLORIDA	City & State: ST. PETERSBURG, FLORIDA
Zip: 33704 Country: PINELLAS	Zip: 33704 Country: PINELLAS

4. FEI Number: 59-3660171 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: EUGENE L. KENNINGTON

Street Address (P.O. Box Number is Not Acceptable)

2639 DR. M.L. KING JR. BLVD. NORTH

City: ST. PETERSBURG FL Zip Code: 33704

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: Eugene L Kennington EUGENE L. KENNINGTON 06/19/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT LILLIAN E. KENNINGTON 2639 DR. M.L. KING JR. BLVD. N. ST. PETERSBURG, FLORIDA 33704
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT EUGENE L. KENNINGTON 2639 DR. M.L. KING JR. BLVD. N. ST. PETERSBURG, FLORIDA 33704
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR RAYMOND E. OSTMAN 2639 DR. M.L. KING JR. BLVD. N. ST. PETERSBURG, FLORIDA 33704
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ELIZABETH M. OSTMAN 2639 DR. M.L. KING JR. BLVD. N. ST. PETERSBURG, FLORIDA 33704
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Eugene L Kennington EUGENE L. KENNINGTON 06/19/03 727-896-7543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #