

AMENDED
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

06-23-2003 90053 017 ****70.00
P00000068505

03 JUN 27 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

90140135

DOCUMENT # P00000068505	
1. Entity Name SECURITY & INVESTIGATIONS GROUP, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2639 DR. M.L. KING JR. BLVD. N. Suite, Apt. #, etc.	3. Mailing Address 2639 DR. M.L. KING JR. BLVD. N. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State ST. PETERSBURG, FLORIDA	City & State ST. PETERSBURG, FLORIDA	4. FEI Number 59-3660171	Applied For Not Applicable
Zip 33704	Country PINELLAS	Zip 33704	Country PINELLAS
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	

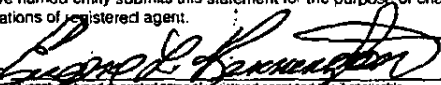
**DO NOT WRITE
IN THIS SPACE**

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

06/19/03

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

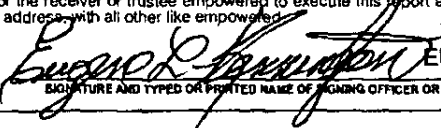
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

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	
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	
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	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ELIZABETH M. OSTMAN 2639 DR. M.L. KING JR. BLVD. N. ST. PETERSBURG, FLORIDA 33704	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

06/19/03

727-896-7543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)