2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jul 12, 2001 8:00 am Secretary of State DÖCUMENT # P00000071437 1. Entity Name 05-16-2001 90405 047 ***150.00 ADVANTIS SECURITY & PROTECTION, INC. Principal Place of Business Mailing Address 14162 COLONIAL GRAND BOULEVARD #1410 14162 COLONIAL GRAND BOULEVARD #1410 ORLANDO FL 32837 ORLANDO FL 32837 2. Principal Place of Bysiness 3. Mailing Address 14/62 Coloneral Gran 14162 Colonia Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3663720 City & State City & State Applied For 71. Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent --- 7:- Name and Address of New Registered Agent NEWLIN, DANIEL J Street Address (P.O. Box Number is Not Acceptable) 14162 COLONIAL GRAND BOULEVARD #1410 ORLANDO FL 32837 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. SIGNATURE DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NEWLIN, DANIEL MR. NAME STREET ADDRESS STREET ADDRESS 14162 COLONIAL GRAND BOULEVARD #1410 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32837 TITLE ☐ Delete TIFLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST:ZIP TITLE - 🖸 Delete TITLE ... ____ Change_ _ _ Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIR CITY-ST-ZIP TITLE TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TILE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attac

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