FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 21, 2002 8:00 am § Secretary of State P00000102363 DOCUMENT # 1. Entity Name 04-21-2002 90941 001 ***300 00 PROPERTY WATCH SERVICES, INC. Principal Place of Business Mailing Address 12856 RAYSBBOOK DRIVE 12856 RAYSBROOK DRIVE RIVERVIEW FL 33569-8717 RIVERVIEW FL 33569-8717 2. Principal Place of Business 3. Mailing Address 0321 Tarragon Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3682143 RIVER VIOU Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KEMPER, RICHARD P Street Address (P.O. Box Number is Not Acceptable) 12856 RAYSBROOK DRIVE **RIVERVIEW FL 33569-8717** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition TITLE ☐ Delete TITLE NAME KEMPER, RICHARD P NAME STREET ADDRESS 12856 RAYSBROOK DRIVE STREET ADDRESS **RIVERVIEW FL 33569-8717** CITY-ST-ZIP CITY-ST-ZIP Change □ Delete TITLE ☐ Addition TITLE NAME KEMPER, DEBORAH D NAME STREET ADDRESS STREET ADDRESS 12856 RAYSBROOK DRIVE CITY-ST-7IP CITY-ST-ZIP **RIVERVIEW FL 33569-8717** Change □ Delete TITLE ☐ Addition TITLE 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-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete 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 attachment with an address, with all other like empowered