

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90030 018 \*\*\*158.75

DOCUMENT # P0000111736

1. Entity Name

SHIELD TECHNOLOGY GROUP INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

19835 W. LAKE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

19835 W. LAKE DRIVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33015

Country

USA

Zip

33015

Country

USA

4. FEI Number

65-1076128

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CAMERON GUNN

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

19835 W. LAKE DRIVE

City

MIAMI

FL

Zip Code

33015

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.

CAMERON GUNN

(NOTE: Registered Agent signature required when reinstating)

4/30/02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

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January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

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\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT CAMERON GUNN 19835 W. LAKE DRIVE MIAMI, FL 33015	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. SALES LETICIA DELATOLLE 19835 W. LAKE DRIVE MIAMI, FL 33015	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAMERON GUNN PRESIDENT

Date

4/30/02

Daytime Phone #

305-829-0742

CR2E034B (12/01)