04-30-2003 90128 012 ***158.75
P01000011376

AMENDED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000011376

1. Entity Name
PEAK SECURITY, INC.

Principal Place of Business	Mailing Address
3045 KNIGHT STATION ROAD LAKELAND, FL 33810	3045 KNIGHT STATION ROAD LAKELAND, FL 33810

11029389

FILED
03 MAY 19 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business	3. Mailing Address
3045 Knight Station Rd	~~P.O. Box 93025~~
Suite, Apt. #, etc. 33810	Suite, Apt. #, etc. P.O. Box 92865
City & State: Lakeland, FL	City & State: Lakeland, FL
Zip: 33810 Country: Polk	Zip: 33804 Country: Polk

☑ CHECK HERE IF MAKING CHANGES — mailing Address

4. FEI Number: 65-1094307 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
HERBERT, LLOYD D JR
3045 KNIGHT STATION ROAD
LAKELAND, FL 33810

7. Name and Address of New Registered Agent
Name: Amy L. WALDO
Street Address (P.O. Box Number is Not Acceptable): 3045 Knight Station Rd.
City: Lakeland FL Zip Code: 33810

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: Amy L. Waldo / President — DATE: 4/27/03

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HERBERT, LLOYD D JR 3045 KNIGHT STATION ROAD LAKELAND, FL 33810	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WALDO, Amy L. 3045 Knight Station Rd. Lakeland, FL. 33810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Amy L. Waldo — 4/27/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Amy L. Waldo

863-698-3144