

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

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90470 037 ***158.75

DOCUMENT #
1. Entity Name
SEAL MASTER SECURITY SERVICES, INC.
PO1000041721

DO NOT WRITE IN THIS SPACE

B0069014

2. Principal Place of Business
1000 S. SEMORAN BLVD.
Suite, Apt. #, etc.
204

3. Mailing Address
PO BOX 672
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WINTER PARK, FL

City & State
GOLDENROD, FL

4. FEI Number
59-3713684
Applied For
 Not Applicable

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 **CARLOS J. HILERIO**
Street Address (P.O. Box Number is Not Acceptable)
1000 S. SEMORAN BLVD. # 204
City **WINTER PARK FL** Zip Code **32792**

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 **04/05/2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

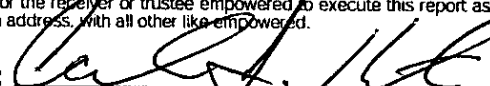
10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CARLOS J. HILERIO 1000 S. SEMORAN BLVD. #204 WINTER PARK, FL 32792
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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:  DATE **04/05/2002** (407) 671-8543
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E034B (12/01)