3/29/2002 7:34 PM FROM: Fax TO: 1 321 7282176 PA

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May 08, 2002 8:00 am
Secretary of State
05-08-2002 90028 023 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000052756

1. Entity Name
TOTAL Protection INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1590 WindWood DRIVE NE	1590 Windwood DRIVE NE
Suite, Apt. #, etc. #102	Suite, Apt. #, etc. #102
City & State PALMBAY FLA	City & State PALMBAY FLA
Zip 32905 Country USA	Zip 32905 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3721947 — 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 Robert Hicks
Street Address (P.O. Box Number is Not Acceptable) 1590 WindWood DRIVE NE #102
City PALMBAY FL Zip Code 32905

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 — DATE

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	PRSTD	TITLE	
NAME	Robert Hicks	NAME	
STREET ADDRESS	1590 WindWood DRIVE NE #102	STREET ADDRESS	
CITY-ST-ZIP	PALMBAY FL 32905	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: ______ 4/23-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #