FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 02 0000 11 978 1. Entity Name FILFD Victory Security Agency, Inc. 03 APR 30 PM 4: 47 SECRETARY OF STATE TALLAHASSEE, FLERREA DO NOT WRITE IN THIS SPACE BOX 358 A 1115 Arapaho Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Rock Lane able Geneva 4. FEI Number Applied For Florido Whee Iin Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 0 h 10 7. Name and Address of Current Registered Agent Albert DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE City 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. January 1 - May 1 Fee Is \$150.00 After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10 TITLE Kolarik NAME 500017339925 40 East Main St. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 15106 500017339925 04/30/03--01006--009/***8.75 TITLE TITLE NAME: NAME 40 East Main STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP arregie TITLE. TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP THLE TITLE IN THIS SPACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME

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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE For Kelank Lois Kolarik

STREET ADDRESS

4-21-63

304-211-5005

Daytime Phone #

CR2E034B (12/02)