FILED
Jun 27, 2003 8:00 am
Secretary of State

06-27-2003 90048 008 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000049004

1. Entity Name
DIPLOMATIC K-9 DETECTION SERVICES, INC.

Principal Place of Business	Mailing Address
650 LAKE CRYSTAL RD. LAKE HAMILTON, FL 33851	650 LAKE CRYSTAL RD. LAKE HAMILTON, FL 33851

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	P.O. BOX 1009
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Lake Hamilton, FL
Zip / Country	Zip: 33851 Country: POLK

4. FEI Number: N/A No employees ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GREEN, TYRONE J 650 LAKE CRYSTAL RD. LAKE HAMILTON, FL 33851	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating DATE

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	D GREEN, TYRONE J 650 LAKE CRYSTAL RD. LAKE HAMILTON, FL 33851	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREEN, PHILIPPA F 650 LAKE CRYSTAL RD. LAKE HAMILTON, FL 33851	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 30 April 03 863-557-1978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #