## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550:00

**FILED PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Jun 16 1998 8:00 am ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P94000001384 (4) **DOCUMENT #** UNIVERSAL PRIVATE INVESTIGATIVE AND GUARD AGENCY , INC. Principal Place of Business Mailing Address 817 DIXON BLVD 817 DIXON BLVD SUITE 7A SHITE 7A COCOA FL 32922 DO NOT WRITE IN THIS SPACE COCOA FL 32922 3. Date Incorporated or Qualified 12/28/1993 2. Principal Place of Busines 2a, Mailing Address Applied For 21 59-3234375 Not Applicable 26 Suite, Apt. #. etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees Trust Fund Contribution 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MOSS, JOSEPH R Name 1530 S FEDERAL HWY 82 Street Address (P.O. Box Number is Not Acceptable) **ROCKLEDGE FL 32955** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 007.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, type if or printed dame of registers or agest and others applicable OLLICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DEFE Change Addition TITLE 13 100 HOOKS, NATHANIEL 12 NAME NAME 723 CARISSA AVE STREET ADDRESS 1.3 STREET ADDRESS **COCOA FL 32922** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TILLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-S1-7IP DELETE Change Addition 3 1 THI F TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP Change TITLE DELETE 4.1 Title Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CHY-\$1-7IP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CHY-ST-7IP CITY-ST-ZIP Change DELETE Addition 6.1 TITLE TITLE 8000025623**5**3 NAME 6.2 NAME -**06**/17/98---01090---0**07** 6.3 STREET ADDRESS STREET ADDRESS \*\*\*150.00 CITY+ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify the indicated on this annual report or supplemental annual report is true and according or director of the corneration or the positiver or trustee empowers to be a content of the corneration or the positiver or trustee empowers to be a content or the content of the corneration. A the exemption stated in Section 1 strate and that my signature shall be Q7(3)(i), Florida Statutes. I further certify that the information Ve the same logal effect as if made under oath; that I am an hapler 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if char