2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P94000052325** May 30, 2000 8:00 am Secretary of State DIRECT SECURITY, INC. 05-30-2000 90113 048 ***150.00 Principal Place of Business Mailing Address 1421 N.W. 13TH PLACE 1421 N.W. 13TH PLACE FORT LAUDERDALE FL 33311 FORT LAUDERDALE FL 33311-5920 2. Principal Place of Business 3. Mailing Address 65th Da 65th DR BIN NW 3121 N.w DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc FOA andedelle Applied For City & State 4. FEI Number 65-0530412 Not Applicable oithanderduk Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 33309 6.: Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent . 🗘 LEE. SEAN Street Address (P.O. Box Number is Not Acceptable) 1421 N.W. 13TH PLACE FORT LAUDERDALE FL 33311 Zip Code Mits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. e of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition ☐ Change PTD TITLE ☐ Delete TITLE LEE. SEAN NAME NAMÉ STREET ADDRESS STREET ADDRESS 1421 N.W. 13TH PLACE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33311 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME LEE, DIANE NAME STREET ADDRESS STREET ADDRESS 1421 N.W. 13TH PLACE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33311 ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY=ST=ZIP* CITY:ST-7IP* ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-00

Daytime Phone #