2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # **P94000074506** Apr 21, 2000 8:00 am Secretary of State 1. Entity Name GROUND HOUND DETECTION SERVICES, INC. 04-21-2000 90107 016 ***150.00 Mailing Address Principal Place of Business P.O. BOX 4736 **6444 COUNTRY FAIR CIRCLE** BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33424-4736 2. Principal Place of Business 3. Mailing Address 6705 Finamore Circle Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0532832 Not Applicable akeWorth Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name POPPE, JEFFREY C Street Address (P.O. Box Number is Not Acceptable) 6705 FINAMORE CIRCLE 6444 COUNTRY FAIR CIRCLE **BOYNTON BEACH FL 33437** City LAKE WORTH Zip Code 3340 of this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named s JEFFREY C. POORE SIGNATURE e of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) ☐ Delete Change : ☐ Addition TITLE POPPE, JEFFREY C NAME NAME 10705 Finamore Circle STREET ADDRESS STREET ADDRESS 6444 COUNTRY FAIR CIRCLE CITY-ST-ZIP Lake Worth FL 33461 CITY-ST-7IP **BOYNTON BEACH FL 33437** Change Addition TITLE TITLE ☐ Delete POPPE, NANCY B NAME NAME 6705 Finamore Circle 6444 COUNTRY FAIR CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Lakeworth FL 33467 CITY-ST-ZIP **BOYNTON BEACH FL 33437** Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME 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-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 supplemental 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 a fatters, with all other like empowered.

CARCEY (Poppe 4-15-00