2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P95000058844 May 30, 2000 8:00 am Secretary of State SENTRY SURVILLANCE, INC. 05-30-2000 90076 017 ***150.00 Principal Place of Business Mailing Address 11910 GLENMORE DRIVE 11910 GLENMORE DRIVE CORAL SPRINGS FL 33071-7805 CORAL SPRINGS FL 33071 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State NOT APPLICABLE Not Applicable 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 LEE, DONALD L Street Address (P.O. Box Number is Not Acceptable) 11910 GLENMORE DRIVE CORAL SPRINGS FL 33071 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. SIGNATURE DATE Signature, typed or printed name 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME LEE, DONALD L NAME STREET ADDRESS STREET ADDRESS 11910 GLENMORE DRIVE CITY-ST-7IP CITY-ST-ZIP **CORAL SPRINGS FL** ☐ Addition Change TITL E Delete TITLE NAME NAME LEE, GERALDIN S STREET ADDRESS STREET ADDRESS 11910 GLENMORE DRIVE CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL Change ☐ Addition ☐ Delete TITLE NAME NAME LEE, DONALD L STREET ADDRESS 11910 GLENMORE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL**

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.

TITLE

NAME STREET ADDRESS

TITLE

name Street address

TITLE

NAME STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

SIGNATURE:

LEE, GERALDINE S

CORAL SPRINGS FL

11910 GLENMORE DRIVE

NAME

TITLE NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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President

May 12, 2003

Daytime Phone #

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