2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P96000029189 Mar 03, 2000 8:00 am **Secretary of State** WOODSON SECURITY COMPANY, INC. 03-03-2000 90262 009 ***150.00 Principal Place of Business Mailing Address 2713 WASHINGTON ROAD **WASHINGTON ROAD** VALRICO FL 33594 THENIXU FL 33594 3. Mailing Address 2. Principal Place of Business 54 m 2713 Wash DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3380255 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WOODSON, JERRY Street Address (P.O. 2713 WASHINGTON ROAD VALRICO FL 33594 "60 office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered SIGNATURE ne of registered agent and title if applicab 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 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME WOODSON, JERRY ... STREET ADDRESS STREET ADDRESS 2713 WASHINGTON ROAD CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 ☐ Addition ☐ Change ☐ Defete TITLE TITLE WOODSON, DELORES NAME STREET ADDRESS 2713 WASHINGTON ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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. SIGNATURE: