2002 UNIFORM BUSINESS REPORT (UBR)

h an address, with all other

OR PRINTED NAME OF SIGNING OFFICER OR

changed, or on an attachment y

SIGNATURE:

May 19, 2002 8:00 am Secretary of State P96000029189 **DOCUMENT #** 1. Entity Name 05-19-2002 90154 040 ***158.75 WOODSON SECURITY COMPANY, INC. Mailing Address Principal Place of Business 2713 WASHINGTON ROAD 2713 WASHINGTON ROAD VALRICO FL 33594 VALRICO FL 33594 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3380255 Not Applicable **\$8.75** Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WOODSON, JERRY Street Address (P.O. Box Number is Not Acceptable) 2713 WASHINGTON ROAD VALRICO FL 33594 Zip Code City 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 inted i aline of registered agent and title it applicable. FILE NOW!!! FEE IS \$150.00 9. This curporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Added to Fees Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME woodson, Jerry NAME STREET ADDRESS 2713 WASHINGTON ROAD STREET ADDRESS CITY-ST-ZIP VALRICO FL 33594 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME WOODSON, DELORES NAME STREET ADDRESS STREET ADDRESS 2713 WASHINGTON ROAD CITY-ST-ZIP VALRICO FL 33594 CITY-ST-ZIP Change ☐ Addition TITLE □ 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 ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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 chapted, or on an attachment with an address with all other like empowered.

FILED