

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P97000020387****1. Entity Name**  
**BOMB SQUAD INTERNATIONAL, INC.**

<b>Principal Place of Business</b> 7210 JONQUIL DR.  ORLANDO FL 32822 US	<b>Mailing Address</b> 7210 JONQUIL DR.  ORLANDO FL 32822 US
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<b>2. Principal Place of Business</b> 6747 KING RAIL CT  Suite, Apt. #, etc.	<b>3. Mailing Address</b> 6747 KING RAIL CT  Suite, Apt. #, etc.
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<b>City &amp; State</b> ORLANDO FL	<b>City &amp; State</b> ORLANDO FL
<b>Zip</b> 32810	<b>Country</b> US

<b>4. FEI Number</b> <b>59-3431388</b>	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****HUNTER BRIAN**  
7210 JONQUIL DR.  
  
ORLANDO FL 32822**7. Name and Address of New Registered Agent**

<b>Name</b> YOUNG JUANINA
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 6747 KING RAIL CT
<b>City</b> ORLANDO
<b>FL</b> <b>Zip Code</b> 32810

**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 JUANINA YOUNG**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**04/30/2000**

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☒  
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> HUNTER BRIAN L 7210 JONQUIL DR. ORLANDO FL 32822	<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> GUILBEAUX JOHN E 7210 JONQUIL DR. ORLANDO FL 32818	<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> YOUNG JUANINA G 6747 KING RAIL CT ORLANDO FL 32810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> GUILBEAUX JOHN E 6747 KING RAIL CT ORLANDO FL 32810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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.****SIGNATURE JUANINA YOUNG****D 04/30/2000**