FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 21, 2002 8:00 am Secretary of State DOCUMENT # P97000055235 1. Entity Name 04-21-2002 90844 031 \*\*\*150 00 VIDEO SECURITY, INC. Principal Place of Business Mailing Address 16215 121ST TERRACE NORTH 16215 121ST TERRACE NORTH JUPITER FL 33478 JUPITER FL 33478 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0769417 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Candea, Gregory C. Sr. CANDEA, LOUISE M Street Address (P.O. Box Number is Not Acceptable) $\mathbf{D}$ 16215 121ST TERRACE NORTH 16215 121st Terrace North JUPITER FL 93478 City <sup>7</sup>33478 Jupiter 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. Louise M. Candea, President SIGNATURE 1/22/2002 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE CR2E034 (9/01) Change ☐ Addition NAME CANDEA, GREGORY C SR. NAME Candea, Gregory C. Sr. STREET ADDRESS 16215 121ST TERRACE NORTH STREET ADDRESS 16215 121st Terrace North CITY-ST-ZIP JUPITER FL 33478 CITY-ST-ZIP Jupiter, FL 33478 TITLE TITLE Delete ☐ Change ☐ Addition NAME Candea. Louise M NAME STREET ADDRESS 16215 121ST TERRACE NORTH STREET ADDRESS CITY-ST-ZIP JUPITER FL 33478 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: