FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
03 AUG 22 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000074129

1. Entity Name

TOP HAT SECURITY SERVICES INC

DO NOT WRITE IN THIS SPACE

7/21/03 90131 042 $150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number
3600 S STATE RD 7	3600 S STATE RD 7	65-0777914
Suite, Apt. #, etc.: SUITE 256	Suite, Apt. #, etc.: SUITE 256	☐ Applied For ☐ Not Applicable
City & State: MIRAMAR FL	City & State: MIRAMAR FL	
Zip: 33023 Country:	Zip: 33023 Country:	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: AINA, AYODELE

Street Address (P.O. Box Number is Not Acceptable): 3600 S STATE RD 7

SUITE 256

City: MIRAMAR FL Zip Code: 33023

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: [signature] (Signature of new registered agent if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 8/21/03

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P
NAME	AINA, AYODELE
STREET ADDRESS	2425 NE 135 ST # 206
CITY-ST-ZIP	N. MIAMI FL 33181
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 8/21/03 954-966-3929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/21/03