200 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P98000008119 Feb 01, 2001 8:00 am Secretary of State 1. Entity Name FLORIDA ADVANCED SECURITY & COMMUNICATIONS INC. 02-01-2001 90005 018 ***150.00 Principal Place of Business Mailing Address **ROUTE 8. BOX 8348 ROUTE 8. BOX 8348** PALATKA FL 32177 PALATKA FL 32177 2. Principal Place of Business 015-B Rei DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3470434 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUNTER, JAMES C Street Add 402 N. WEST STREET **INTERLACHEN FL 32148** 8. The above named entity submits this statement for the purpose of changing its registered office FILE NOW!!! FEE 19 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 (Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Delete ☐ Addition HUNTER, JAMES C 4015-B Reid ST. PAIN TKA, Fl. 32177 Change NAME NAME 402 N. WEST ST STREET ADDRESS STREET ADDRESS INTERLACHEN FL 32148 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE **HUNTER, JAMES S** NAME NAME RT 8, BOX 8348 STREET ADDRESS STREET ADDRESS PALATKA FL 32177 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ 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 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.