FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUL 22 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000072221

1. Corporation Name
UNLIMITED CRIME PREVENTION, INC.

Principal Place of Business	Mailing Address
~~770 70TH CIRCLE SOUTH~~ ~~ST. PETERSBURG FL 33707~~ 7673 - 133 ST. NO. SEMINOLE FL 33776	~~770 70TH CIRCLE SOUTH~~ ~~ST. PETERSBURG FL 33707~~

6/01/99 90016 020 $150.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/17/1998

2. Principal Place of Business	2a. Mailing Address
21 7673 - 133 ST. NO.	26 7673 - 133 ST. NO.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: SEMINOLE, FL	28 City & State: SEMINOLE, FL
24 Zip: 33776 25 Country: PINELLAS	29 Zip: 33776 30 Country: PINELLAS

4. FEI Number: 59-3547732 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCOTT, WILLIAM L ~~770 70TH CIRCLE SOUTH~~ 7673 - 133 ST. NO. ~~ST. PETERSBURG FL 33707~~ SEMINOLE, FL. 33776	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ 2-3-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCOTT, WILLIAM L		1.2 NAME		
STREET ADDRESS	~~770 70TH CIRCLE SOUTH~~	7673 - 133 ST NO.	1.3 STREET ADDRESS		
CITY-ST-ZIP	~~ST. PETERSBURG FL 33707~~	SEMINOLE, FL	1.4 CITY ST ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCOTT, WILLIAM S		2.2 NAME		
STREET ADDRESS	~~770 70TH CIRCLE SOUTH~~	SAME AS ABOVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	~~ST. PETERSBURG FL 33707~~		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		LS

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2-3-99 727-744-7747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)