2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am⁵ Secretary of State DOCUMENT # P98000077312 1. Entity Name ROCKHARD DETECTIVE AGENCY, INC. 05-15-2001 90038 041 ***150.00 Principal Place of Business Mailing Address 12575 58TH ST N P.O. BOX 41373 CLEARWATER FL 33760 ST. PETERSBURG FL 33743 2. Principal Place of Business 3. Mailing Address 33 4TH 5T N Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3530863 PETERSBURG 51. FL Not Applicable 33701 Zip Country \$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 Name FINANCIAL FOUNDATIONS, INC. Street Address (P.O. Box Number is Not Acceptable) 2843 THAXTON DR.,#37 PALM HARBOR FL 32605 City Zip Code 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, 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 \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (10/00) ☐ Delete TITLE Change ☐ Addition NAME Wallace, ian e NAME STREET ADDRESS 13575 58TH ST N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33760 TITLE ☐ Delete TITLE ☐ Change Addition NAME SWIM, JEFFERY A NAME STREET ADDRESS STREET ADDRESS 13575 58TH ST N CITY-ST-7IP CITY-ST-ZIP CLEARWATER FL 33760 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 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 13. Thereby certify that the information supplied with this filling 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.

04/29/01 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI Daytime Phone #