2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000079416 Apr 17, 2000 8:00 am Secretary of State 1. Entity Name MARANATHA SECURITY, INC. 04-17-2000 90014 044 ***150.00 Principal Place of Business Mailing Address 1011 GERONA AVENUE 1011 GERONA AVENUE DELTONA FL 32725 **DELTONA FL 32725-6403** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3538204 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent M. Osborne HENDRICKSON, HELEN M Street Address (P.O. Box Number is Not Acceptable) 1011 GERONA AVENUE **DELTONA FL 32725** 1011 Gerona Ave 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete TITLE NAME NAME OSBORNE, CHARLES JR. STREET ADDRESS STREET ADDRESS 1011 GERONA AVENUE CITY-ST-ZIP CITY-ST-ZIP **DELTONA FL** TITLE VPD Delete Change Addition NAME NAME DOYLE, GEORGE E STREET ADDRESS STREET ADDRESS 1201 NORTH AMELIA AVENUE CITY-ST-ZIP CITY-ST-ZIP DELAND FL Change Addition TITLE ☐ Delete TITLE NAME Helen H. Osborne HENDRICKSON, HELEN M NAME 1011 Gerona Are STREET ADDRESS STREET ADDRESS 1011 GERONA AVENUE CITY-ST-ZIP CITY-ST-7IP Deltona FL 32725 **DELTONA FL** ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE 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

SIGNATURE: MINISTER OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Daytime Phone #

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