FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 22, 2001 8:00 am DOCUMENT# *P98000082255* **Secretary of State** 05-22-2001 90048 044 ***150.00 Universal Security and Investigations, Inc. Principal Place of Business 700 W 25th 5+ 700 W 25th St SANFORD FL32771 SANFORD FL 32771 770207 2. Principal Place of Business 3. Mailing Address PO Box 1016 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Sav Ford 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WRIGHT, John JR Street Address (P.O. Box Number is Not Acceptable) 2621 South Delando Drive Juite 8 Soutord HL32773 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 DATE 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, 2001 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. 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE 3R2E034 (11/00 WRIGHT, John JR 2621 South ORLand Deve Ste 8 NAME NAME 100 Pamala Covet STREET ADDRESS STREET ADDRESS SANFORD FL 32771 CITY-ST-ZIP CITY-ST-ZIP Sanford FL32773 ☐ Delete TITLE ☐ Addition TITLE oright, BeverlyS NAME NAME 100 PAMala Court South ORlands Drive Ste 8 STREET ADDRESS STREET ADDRESS FORD, FL 32773 CITY-ST-ZIP CITY-ST-ZIE TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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 attackment with an address, with an other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE

NAME STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

An. 30 200/ Date / Daytime Phone *

Change

☐ Change

☐ Addition

☐ Addition