FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 18, 2001 8:00 am Secretary of State DOCUMENT # P99000024766 05-18-2001 91599 037 ***150.00 AMERICAN SOLAR & SECURITY INC. Principal Place of Business Mailing Address 1818 11TH ST SW 1818 11TH ST SW 552564 LARGO FL 33778 LARGO FL 33778 2. Principal Place of Business 3. Mailing Address 24 TAVE NO. 7So/ 7501 4VE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Suite Applied For 4. FEI Number City & State City & State 59-3565526 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired USA. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GAMEZ, HENRY Street Address (P.O. Box Number is Not Acceptable) 1818 11TH ST SW LARGO FL 33778 Zip Code City FĮ 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$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) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (10/00) ☐ Change ☐ Addition TITLE TITLE ☐ Delete GAMEZ, HENRY V NAME STREET ADDRESS STREET ADDRESS 1818 11TH ST SW CITY-ST-ZIP CITY-ST-ZIP **LARGO FL 33778** Change Addition ☐ Delete TITLE TITLE GAMEZ, LORI NAME NAME STREET, ADDRESS STREET ADDRESS 1818-11TH-STREET-SW CITY-ST-7IP LÁRGO FL 33778 CITY-ST-ZIP ☐ Change Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS. STREET ADDRESS

13. I hereby 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.

CITY-ST-ZIP

CITY-ST-7IP

CONTY V. GAMEZ 1-23-01 727-536-37-56
Date Daylime Prone #