2000 UNIFORM BUSINESS REPORT (UBR)

Mar 30, 2000 8:00 am DOCUMENT # P99000030061 Secretary of State 1. Entity Name PENINSULA SECURITY, INC. 03-30-2000 90046 032 ***150.00 Mailing Address Principal Place of Business 3056 LAKE SHORE DR. 3056 LAKE SHORE DR. DEERFIELD BEACH FL 33442-7930 DEERFIELD BEACH FL 33442 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0914195 Not Applicable Country \$8.75 Additional Zip Country _ Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BOK, PAUL D** Street Address (P.O. Box Number is Not Acceptable) 3056 LAKE SHORE DR. **DEERFIELD BEACH FL 33442** Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. P/S/T Change ☐ Addition n ☐ Delete TITLE TITLE Bok, Paul D. 3056 Lake Shore Dr. BOK, PAUL D NAME NAME 3056 LAKE SHORE DR. STREET ADDRESS STREET ADDRESS Deerfield Beach FI 33442 CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33442** ☐ Addition ☐ Delete TITLE Change TITI F Bok, Allen P. BOK, ALLEN P NAME NAME 3056 Lake Shore Dr. STREET ADDRESS 3056 LAKE SHORE DR. STREET ADDRESS Deertield Beach Fl. 33442 CITY-ST-ZIP CITY-ST-7IP **DEERFIELD BEACH FL 33442** Addition TITLE ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ Delete TITLE TITLE NAME 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PARK DE BOR PRINTED NAME OF SIGNING OFFICER OR DIRECT

3-24-2000 (954) 125-0354

FILED