2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 04, 2000 8:00 am Secretary of State DOCUMENT # P99000051529 EMBERGUARD, INC. 03-04-2000 90104 042 ***158.75 Mailing Address Principal Place of Business 965 S. RODRIQUEZ ST., UNIT 5-A 965 S. RODRIQUEZ ST., UNIT 5-A ST. AUGUSTINE FL 32095-0125 ST. AUGUSTINE FL 32086 L0030755 2. Principal Place of Business 3. Mailing Address Same as above Same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number Not Applicable Zip Country 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 --KENDALL, RICHARD Street Address (P.Q. Box Number is Not Acceptable) **5220 TIMUCUA CIRCLE** ST. AUGUSTINE FL 32086 City Zip Code 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change Addition ☐ Delete KENDALL, GUY R NAME **5220 TIMUCUA CIRCLE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL 32086 Addition TITLE ☐ Delete ☐ Change NAME ROBERTS, SUSAN STREET ADDRESS **5220 TIMUCUA CIRCLE** STREET ADDRESS CITY-ST-ZIP ST. AUGUSTINE FL 32086 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITI F TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Devete TITLE ☐ Changè Addition 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

SIGNATURE:

CITY-ST-ZIE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2/25

904-797-3750

Daytime Phone #