FILED

2000 UNIFORM BUSINESS REPORT (UBR)

Aug 29, 2000 8:00 am Secretary of State DOCUMENT # P99000072615 1. Entity Name FRONTLINE SECURITY & INVESTIGATIVE SERVICES. INC 08-17-2000 90004 033 ***150.00 Principal Place of Business Mailing Address 6830 DILL AVENUE 6830 DILL AVENUE 108029 COCOA FL 32927 **COCOA FL 32927** 2 Principal Place of Business 3815 N. U 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt #, etc. Applied For City & State FEI Number 78583 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name PRESTON, HENRY Street Address (P.O. Box Number Is Not Acceptable) 6830 DILL AVENUE COCOA FL 32927 City Zip Code FL tile purpose of changing its registered office or registered agent, or both, in the State of Florida. The above ! ent for SIGNATURE (NOTE Registered Agent algreture required when reins FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. ☐ Delete Change TITLE TITLE NAME NAME 6860 DILL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition MLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Detete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP on supplied with his Iling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutas. I further certify that the information amental 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 discourse empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver or trustee empowers changed, or on an attachn SIGNATURE: