2000 UNIFORM BUSINESS REPORT (UBR)

Principal Place of Business 22 SUADE OR 10 Place of Business Suite. April & etc. Cony & State Suite. April & etc. Cony & State Cony & S	DOCUMENT # P9900073965 D. A. C. SECURITY, INC.							FILED Apr 03, 2000 8:00 am Secretary of State					
LONGWOOD FL 32790 LONGWOOD FL 32790 3388 Suite, Apil F. etc. Do Not Writtle In This SPACE City & State SHLSON, WILLIAM T III 24 SLADE GR LONGWOOD FL 32750 City FL Zin Codin SHLSON, WILLIAM T III 24 SLADE GR LONGWOOD FL 32750 City FL Zin Codin SHLSON, WILLIAM T III 24 SLADE GR LONGWOOD FL 32750 City FL Zin Codin SHLSON, WILLIAM T III 24 SLADE GR LONGWOOD FL 32750 City FL Zin Codin SHLSON, WILLIAM T III 25 State of Fibridia. SIGNATURE: SHLSON, WILLIAM T III 26 State of Fibridia. SIGNATURE: SHLSON, WILLIAM T III 27 Codin SHLSON, WILLIAM T III 28 SLADE GR LONGWOOD FL 32750 City FL Zin Codin Sh. The above variety analyty buthrisis mis statement for the purpose of changing its registered agent, or both, in the State of Fibridia. SIGNATURE: SHLSON, WILLIAM T III 28 SLADE GR LONGWOOD FL 32750 City FL Zin Codin Sh. The above variety analyty buthrisis mis statement for the purpose of changing its registered agent, or both, in the State of Fibridia. SIGNATURE: SHLSON, WILLIAM T III Zin Codin Sh. The above variety analyty buthrisis mis statement for the purpose of changing its registered agent, or both, in the State of Fibridia. School of the above variety analyty and the information agent are to travitions City FL Zin Codin Sh. The above variety analyty and the information agent are to travitions City FL Zin Codin Sh. The Above variety analyty and the information agent are to travitions City FL Zin Codin Sh. The Above variety analyty may the information agent are the purpose of codin and agent a	·							04-	03-2000 9	0199 001	***150.00)	
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8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1800 Name and Agent Agen	City & State		City & State				4. FEI	Number	9344	,5-	<u> </u>		
SHLSON, WILLIAM T III 224 SLADE DR. LONGWOOD R. 32750 City FL Zip Code 6. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Fioritis. SignaTURE Signature, bood or printer care of registered agent are tilled agent and accept to do so. And the final prequientment and alocate to do so. And the final requirement and alocate to do so	Zip	Country	Country Zip Co		try		5. Cer	tificate of S	tatus Desired				
224 SLADE DR. LONGWOOD R. 32750 City FL Zip Code		6. Name and Address of Current Re	egistered Agent		Name		7. Nan	ne and Add	Iress of New	Registered	Agent		
Eity FL Zin Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, hand or curried varied caper and title if approach. NOTE: Registered Agent signature treatment when ministrating Dotte						ddress (P.	O Box	Number is	Not Acceptat	ole)			
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 Fiorida. SIGNATURE: Signature, hote or purish man of implicated agent and the flagotation. (POTE Angitisma) Agent signature realised agent, or both, in the State of Fiorida.				 	 _								
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