2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075796

1. Entity Name
FLORIDA Insurance Benefits, Inc.

FILED
01 JUN -4 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
548 Cape Cod Lane #302 Altamonte Springs, FL. 32714	548 Cape Cod Ln. #302 Altamonte Springs FL 32714

DO NOT WRITE IN THIS SPACE AE 6/4/0

2. Principal Place of Business	3. Mailing Address
15320 STARLEIGH ROAD	903 West Second Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER GARDEN, FL.	City & State: Windermere FL.
Zip: 34787 Country: USA	Zip: 34786 Country: USA

4. FEI Number: 59-3593989 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MICHAEL S. MOORE 548 Cape Cod Lane #302 Altamonte Springs, FL. 32714	Name: MICHAEL S. MOORE Street Address (P.O. Box Number is Not Acceptable): 15320 STARLEIGH ROAD City: WINTER GARDEN FL Zip Code: 34787

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: Michael S. Moore, President — Michael S. Moore — 5/30/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President MICHAEL S. MOORE 548 Cape Cod Lane #302 ALTAMONTE SPRINGS FL. 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MICHAEL S. MOORE 15320 STARLEIGH ROAD WINTER GARDEN, FL. 34787 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT ELIZABETH PAIGE MOORE 548 Cape Cod Lane #302 ALTAMONTE SPRINGS FL. 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT ELIZABETH PAIGE MOORE 15320 STARLEIGH ROAD WINTERGARDEN FL. 34787 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900004339619--2 -06/04/01--01006--035 ****150.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: Michael S. Moore, MICHAEL S. MOORE 5/30/01 407-923-3778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

For Filing Purposes Only

Attn: Anna Chestnut
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

May 30th, 2001

Attached you will find the Articles of Amendment for Florida Insurance Benefits, Inc.

Anna, I appreciate your assistance with my UBR filing. Thank you for accepting this UBR and for understanding my confusion when I did not receive the UBR when the name changed earlier this year.

Your error on 6-4- UBR was not sent out

As I mentioned on the phone, I am changing the name of the corporation again and the principle address. Attached you should find all of the information required for these changes. Thank you for your personal attention to this change. The name is changing to:

Invisible Witness Security Products, Inc.

The principal business address is now:

15320 Starleigh Road
Winter Garden, Florida 34787

Please forward these documents to the temporary mailing address:

903 West Second Avenue
Windermere, Florida 34786

Thank You,

Michael Steven Moore

Michael Steven Moore, President
Invisible Witness Security Products, Inc.
www.InvisibleWitness.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA