## May 17, 2000 8:00 am Secretary of State

## DOCUMENT # **P99000098743** 1. Entity Name X-TRA GUARD, INC. 04-20-2000 90075 004 \*\*\*150.00 Principal Place of Business Mailing Address 2405 DIVISION AVE 2405 DIVISION AVE WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407-5324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country ----\$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRANKLIN, ELLIOTT Street Address (P.O. Box Number is Not Acceptable) 5315 LAKE WORTH RD. LAKE WORTH FL 33463 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE Change noifibbA 🔲 TITLE MCDOWELL, EVANS W JR. NAME NAME (MLSIDENT STREET ADDRESS STREET ADDRESS 2405 DIVISION AVE WEST PALM BEACH FL 33407 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE BENKLY, GEORGE NAME NAME 2405 DIVISION AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WEST-PALM BEACH FL 33407 ☐ Change Addition Delete TITLE TITLE CAROC NAME 2405 DIUISION NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-7/P CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-57-ZIP CITY-SI-ZIP ☐ Delete Change ☐ Addition 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:

Daytime Phone