2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V14631

FILED Apr 29, 2003 Secretary of State

Entity Name: PROTECTION DESIGN COMPANY, INC.

urrent F	Principal Place of Business:	New Principal Place of Business:
	OGERS CIRCLE NTON, FL 33487 US	
urrent N	Mailing Address:	New Mailing Address:
	MPION BLVD G6-247 TON, FL 334962473 US	
El Numbe	r: 65-0311823 FEI Number App	olied For () FEI Number Not Applicable () Certificate of Status Desired ()
lame an	d Address of Current Register	red Agent: Name and Address of New Registered Agent:
880 GLE BOYNTOI	IN, BARBARA A INN PINE LANE N BEACH, FL 33436 US e named entity submits this state	ement for the purpose of changing its registered office or registered agent, or both,
	o mannoa omany oabiime amo otata	indicate and parpood or changing to regional annea or regional agent, or bear,
n the Stat	e of Florida.	
n the Stat SIGNATU	RE:	
		Registered Agent Date
SIGNATU	RE:	
Election Ca DFFICER ittle: lame: ddress:	RE: Electronic Signature of F	ibution (). ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:
SIGNATU	Electronic Signature of Financing Trust Fund Controls AND DIRECTORS: P () Delete DICKMANM, BARBARA A 4880 GLENN PINE LANE	ibution (). ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
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I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA A. DICKMANN P 04/29/2003