

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90043 014 ****61.25

DOCUMENT # N01000000065



1. Entity Name
SPECIAL AGENT OFF DUTY BILLING ASSOCIATION, INC.

Principal Place of Business Mailing Address
4406 HUDSON LANE 4406 HUDSON LANE
TAMPA FL 33624 TAMPA FL 33624

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3688871** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONES, ALAN M
4211 N LOIS AVE
TAMPA FL 33614

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DPST	<input type="checkbox"/> Delete
NAME	MONES, ALAN M	
STREET ADDRESS	4211 N LOIS AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	COLBERT, THOMAS D	
STREET ADDRESS	4211 N LOIS AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	SANDS, THELMA D	
STREET ADDRESS	4211 N LOIS AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, MARCUS K	
STREET ADDRESS	4211 N LOIS AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILCOX, ELLEN S	
STREET ADDRESS	4211 N LOIS AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alan M. Mones* **Alan M. Mones** President *1/4/2003 (813) 878-7363*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)