

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-30-2002 90048 015 ****61.25

DOCUMENT # N01000001692

1. Entity Name

SOUTHERN OAKS CRIME WATCH PATROL, INC.

Principal Place of Business 9300 REGENCY PARK BLVD PORT RICHEY FL 34688	Mailing Address 9300 REGENCY PARK BLVD PORT RICHEY FL 34688
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2. Principal Place of Business 5241 WELLFIELD ROAD Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State NEW PORT RICHEY, FL	City & State	4. FEI Number 65-1088096	Applied For Not Applicable
Zip 34655-4313	Country USA	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent COONS, CATHIE 9300 REGENCY PARK BLVD PORT RICHEY FL 34688		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$81.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ENGLE, RICHARD		NAME KEVIN SAUNDERS	
STREET ADDRESS 4819 FT PECK ROAD		STREET ADDRESS 5240 WELLFIELD ROAD	
CITY-ST-ZIP NEW PORT RICHEY FL 34655		CITY-ST-ZIP NEW PORT RICHEY FL 34655	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ENGLE, LOIS		NAME MICHAEL DENATEO	
STREET ADDRESS 4819 FT PECK ROAD		STREET ADDRESS 4450 FORT SHAW DRIVE	
CITY-ST-ZIP NEW PORT RICHEY FL 34655		CITY-ST-ZIP NEW PORT RICHEY, FL 34655	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME COONS, CATHIE		NAME RICHARD B. DUANE	
STREET ADDRESS 9300 REGENCY PARK BLVD		STREET ADDRESS 5241 WELLFIELD ROAD	
CITY-ST-ZIP PORT RICHEY FL 34688		CITY-ST-ZIP NEW PORT RICHEY, FL 34655	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* **SIGNATURE REQUIRED** Date: 4/15/02 Daytime Phone # _____

CR2E037 (9/01)