

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


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

3/2

03-24-2003 91011 039 \*\*\*\*61.25

**DOCUMENT # N01000001692**

1. Entity Name  
**SOUTHERN OAKS CRIME WATCH PATROL, INC.**



Principal Place of Business  
**5241 WELLFIELD RD  
NEW PORT RICHEY FL 34655-4313**

Mailing Address  
**9000 REGENCY PARK BLVD  
PORT RICHEY FL 34668**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

Country

4. FEI Number **65-1088096**

Applied For  
 Not Applicable

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

8. Name and Address of Current Registered Agent  
**COONS, CATHIE  
9300 REGENCY PARK BLVD  
PORT RICHEY FL 34668**

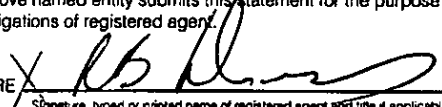
7. Name and Address of New Registered Agent

Name **DUANE, RICHARD B**

Street Address (P.O. Box Number is Not Acceptable)  
**5241 WELLFIELD RD**

City **NEW PORT RICHEY** FL Zip Code **34655**

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  **RICHARD B. DUANE** DATE **4-25-03**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ENGLE, RICHARD 4819 FT PECK ROAD NEW PORT RICHEY FL 34655</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SAUNDERS, KEVIN 5240 WELLFIELD RD NEW PORT RICHEY FL 34655</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD <del>DENATIEQ, MICHAEL 4450 FORT SPAWN DRIVE NEW PORT RICHEY FL 34655</del></b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DUANE, RICHARD B 5241 WELLFIELD RD NEW PORT RICHEY FL 34655</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD <del>PATTON, JUDY C. 5241 WELLFIELD RD NEW PORT RICHEY FL 34655</del></b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD PATTON, JUDY C. 5241 Wellfield Rd New Port Richey, FL 34655</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **RICHARD B. DUANE** DATE **3/20/03** DAYTIME PHONE # **727-376-1928**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)