

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

0084906

DOCUMENT # N26599

1. Entity Name
FLORIDA LAW ENFORCEMENT PROPERTY RECOVERY UNIT, INC.



04-07-2003 90144 019 ****61.25

Principal Place of Business
P.O. BOX 17511
TAMPA FL 33682-7511

Mailing Address
P.O. BOX 17511
TAMPA FL 33682-7511



2. Principal Place of Business
PO Box 1424

3. Mailing Address
PO Box 1424

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Highland City, FL

City & State
Highland City, FL

4. FEI Number **59-2888218**
Applied For
Not Applicable

Zip Country
33846-1424 USA

Zip Country
33846-1424 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEE, JACK
1300 W BROWARD BLVD
FT LAUDERDALE POLICE DEPT
FORT LAUDERDALE FL 33312

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 NAME STREET ADDRESS CITY-ST-ZIP	PD VERMETTE, JERRY PO BOX 17511 NA TAMPA FL 33682-7511 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Michael Jacobs PO Box 1424 Highland City, FL 33846-1424 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GEE, JACK PO BOX 17511 NA TAMPA FL 33682-7511 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jack Gee PO Box 1424 Highland City, FL 33846-1424 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KREMAN, CATHY PO BOX 17511 NA TAMPA FL 33682-7511 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Rafael Alberts PO Box 1424 Highland City, FL 33846-1424 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SNYDER, IRENE C PO BOX 17511 NA TAMPA FL 33682-7511 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Cathy Kremann PO Box 1424 Highland City, FL 33846-1424 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: **COSIGNATURE REQUIRED Catherine A Kremann 413103 863-287-0131**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)