2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759901

1. Entity Name

JUDITER CRIME WATCH INC.

FILED Jan 26, 2000 8:00 am Secretary of State

					0	1-26-2000 900	946 001 **	**61.25	
Principal Place of Business 210 MILITARY TRAIL JUPITER FL 33458		Mailing Address			1				
		210 MILITARY TRAIL JUPITER FL 33458-5786							
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				DO NOT WR	ITE IN THIS S	SPACE	~
City & State		City & State			4. FEI Numbe	59-6033967			pplied For
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Ad	ditional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New			-
			Nam	e					
THOMPSON, KIMBERLY 210 MILITARY TRAIL		Street Address		et Address ((P.O. Box Number is Not Acceptable)				
JUPITER !			}					_	
			City	-		<u>, </u>	FL	Zip Coc	е
8. The above	e named entity submits this statement fo	or the purpose of changing its re	egistered office	e or register	ed agent, or bot	h, in the state of Flo	orida.		
0.00.05.05									
SIGNIALLIBLE									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable {NOTE: F	Registered Agent sig	gnature required	when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent	T			-				 _
SIGNATURE		and title if applicable (NOTE: F 9. Election Campaign F Trust Fund Contributi	inancing	\$5.0	when reinstating) O May Be to Fees		DATE Ke Čheck I		
10.	Signature, typed or printed name of registered agent. FILE NOW: FEE IS \$61.25 OFFICERS AND DIF	9. Election Campaign F Trust Fund Contributi	inancing	\$5.0 Added	0 May Be I to Fees		ke Čheck I epartment	of State	
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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:

56-746-6201