## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 13, 2001 8:00 am Secretary of State DOCUMENT # 759901 1. Entity Name JUPITER CRIME WATCH, INC. 02-13-2001 90011 018 \*\*\*\*61.25 Principal Place of Business Mailing Address 210 MILITARY TRAIL 210 MILITARY TRAIL JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-6033967 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VINCE Bradley Street Address (P.O. Box Number is Not Acceptable) 210 Military Tr THOMPSON, KIMBERLY\_\_ 210 MILITARY TRAIL JUPITER FL 33458 Zip Code **33 45**6 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, typed or printed name registered agent and title if applicable. 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. MD TITLE Delete TITLE Addition WESTGATE, RICHARD NAME NAME VINCE, BRADLEY STREET ADDRESS 210 MILITARY TRAIL STREET ADDRESS 210 MILITARY TR CITY-ST-ZIP CITY-ST-ZIP JUPITER, FL 00000 JUPITER (PL 33458 TITLE D ☐ Delete TITLE ☐ Change ☐ Addition NAME HESS. FRANK NAME STREET ADDRESS 210 MILITARY TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jupiter FL 33458 TITLE → 🖸 : Delete ☐ Change — ☐ Addition. TITLE \_ NAME HERMANSKI, STANLEY NAME STREET ADDRESS STREET ADDRESS 210 MILITARY TRAIL CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 Delete TITLE MD TITLE Change □ Addition THOMPSON, KIMBERLY NAME NAME STREET ADDRESS 210 MILITARY TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

SIGNATURE: 561-746-6201

12. I hereby certify that the information supplied with this filling 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.