2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90132 003 ****61.25

DOCUMENT # 760907

1. Entity Name

LAKEWOOD PARK/BEL-AIRE CITIZEN'S OBSERVATION PAT ROL (C.O.P.) INC.

Principal Place of Business	Mailing Address
7705 FT WALTON AVENUE FT PIERCE FL 34951 US	7705 FT WALTON AVENUE FT PIERCE FL 34951 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6312 E Seminole Rd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Pierce FL	City & State
Zip: 34951 Country: US	Zip / Country

4. FEI Number: 59-2358728 ☐ Applied For ☐ Not Applicable

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
GRANT, DENN 6312 E SEMINOLE ROAD FORT PIERCE FL 34951	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.

SIGNATURE: ~~GRANT DENN~~ Grant Denn 04-25-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C. BAKER, JIM 7401 OCALA AVENUE FORT PIERCE FL 34951	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M STOKES, ROGER 7705 FT WALTON AVE FT PIERCE FL 34951	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LTT GRANT, DENN 6312 E SEMINOLE ROAD FORT PIERCE FL 34951	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LTS MCMULLEN, KARIN 6600 PENNY LANE FT PIERCE FL 34951	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LT RADAR, RALPH 6601 DONLON ROAD FORT PIERCE FL 34951	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LT GILLETTE, JOE 7905 ROBERTS ROAD FORT PIERCE FL 34951	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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 REQUIRED~~ Grant Denn GRANT DENN 04-25-02 5614611178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #