2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2002
Secretary of State

DOCUMENT# 761557

Entity Name: ALACHUA COUNTY CRIME STOPPERS, INC.

Current Principal Place of Business:

411 N. MAIN STREET
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2603
GAINESVILLE, FL 32602

New Mailing Address:

FEI Number: 59-2374619 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, ROBERT
2221 NW 3RD PLACE
GAINESVILLE, FL 32603 US

Name and Address of New Registered Agent:

WISE, JOSEPH C III
7911 SW 22 AVE
GAINESVILLE, FL 32607 US

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: JOSEPH C. WISE III 09/13/2002
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: JOHNSON, ROBERT
Address: 411 N. MAIN STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: VD ( ) Delete
Name: WISE, JOBY
Address: 7911 SW 22ND AVE
City-St-Zip: GAINESVILLE, FL 32607

Title: S ( ) Delete
Name: ROSSI, W J
Address: 4501 SW 83RD DRIVE
City-St-Zip: GAINESVILLE, FL 32608

Title: T ( ) Delete
Name: HAMILTON, WENDY
Address: 2715 NW 104TH CT., #4
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: WISE, JOSEPH C III
Address: 7911 SW 22 AVE
City-St-Zip: GAINESVILLE, FL 32607

Title: VD (X) Change ( ) Addition
Name: WAGNER, SUE
Address: PO BOX 118405
City-St-Zip: GAINESVILLE, FL 32611

Title: S (X) Change ( ) Addition
Name: WALKER, VIKKI
Address: PO BOX 1270
City-St-Zip: HAWTHORNE, FL 32640

Title: T (X) Change ( ) Addition
Name: PFITSCHER, JENNIFER
Address: 620 NW 16 AVE
City-St-Zip: GAINESVILLE, FL 32602

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH C. WISE III CD 09/13/2002
Electronic Signature of Signing Officer or Director Date