

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 769626

FILED  
Sep 27, 2002  
Secretary of State

Entity Name: CITIZEN'S CRIME ALERT OF FT. LAUDERDALE, INC.

**Current Principal Place of Business:**

PO BOX 4712  
FT LAUDERDALE, FL 33338

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4712  
FT LAUDERDALE, FL 33338

**New Mailing Address:**

FEI Number: 59-2347556      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAYERS, PAT  
549 NE 11 AVE  
FORT LAUDERDALE, FL 33301      US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: BONEY, LINDA G  
Address: 1700 S.W. 7TH TCE  
City-St-Zip: FT LAUDERDALE, FL

Title: S      ( ) Delete  
Name: HOFFMAN, JOY  
Address: 209 N.E. 5TH STREET  
City-St-Zip: FT LAUDERDALE, FL

Title: S      ( ) Delete  
Name: PISUT, LISA  
Address: 500 SE 12 COURT  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: D      ( ) Delete  
Name: DAVIS, MARJORIE  
Address: 1713 N.W. 5TH STREET  
City-St-Zip: FT. LAUDERDALE, FL

Title: D      ( ) Delete  
Name: GREGORY, ANNIE  
Address: 505 NW 19 AVE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D      ( ) Delete  
Name: MAYERS, PATRICIA  
Address: 549 N.E. 11TH AVENUE  
City-St-Zip: FT. LAUDERDALE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: V.P.      (X) Change ( ) Addition  
Name: GIBBONEY, LINDA  
Address: 1700 NW 7TH TERRACE  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: S      (X) Change ( ) Addition  
Name: HOFFMAN, JOY  
Address: 209 N.E. 5TH STREET  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: D      (X) Change ( ) Addition  
Name: PISUT, LISA  
Address: 500 SE 12 COURT  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PRES      (X) Change ( ) Addition  
Name: MAYERS, PATRICIA  
Address: 549 N.E. 11TH AVENUE  
City-St-Zip: FT. LAUDERDALE, FL

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: PATRICIA A. MAYERS

PRES

09/27/2002

Electronic Signature of Signing Officer or Director

Date