

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K26462**

1. Entity Name

SPECIAL TACTICAL TRAINING GROUP, INC.

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90001 026 ***150.00

Principal Place of Business

Mailing Address

**7923 SOUTHWEST 167 AVENUE
ARCHER FL 32618**

**6505 NORTHWEST 23RD AVENUE
GAINESVILLE FL 32606-6325**

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

59-2915525

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KNOWLES, PHILLIP C.
3909 S.W. 21ST STREET
GAINESVILLE FL 32608**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

FILE NOW!!! FEE IS \$150.00

Tax filing requirement and elects to do so.
(See criteria on back) ☐

**After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Delete
NAME **THOMPSON, MICHAEL C.**
STREET ADDRESS **6505 NW 23RD AVE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **KNOWLES, PHILLIP C**
STREET ADDRESS **7923 SOUTHWEST 167 AVENUE**
CITY-ST-ZIP **ARCHER FL 32618**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael C. Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/00
Date

(352) 367-4110
Daytime Phone #

CR2E034 (9/99)