FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
04-22-2002 90122 013 ***150.00

DOCUMENT # K26462

1. Entity Name
Special Tactical Training Group INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6505 N.W. 23 AV	6505 N.W. 23 AV
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gainesville FL.	City & State: Gainesville, FL
Zip: 32606 Country: U.S.	Zip: 32606 Country: U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2915525 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: P.C. Knowles
Street Address (P.O. Box Number is Not Acceptable): 6923 S.W. 137TH AV
City: Archer **FL** Zip Code: 32618

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	President	TITLE	
NAME	P.C. Knowles	NAME	
STREET ADDRESS	6923 S.W. 137TH AV	STREET ADDRESS	
CITY-ST-ZIP	Archer FL. 32618	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	Michael Thompson	NAME	
STREET ADDRESS	6505 N.W. 23 AV	STREET ADDRESS	
CITY-ST-ZIP	Gainesville, FL 32606	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michael C. Thompson — 04-13-02 — (352) 367-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #