


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L81744					
1. Entity Name POLICE REPORT PROCUREMENT, INC.					
Principal Place of Business 5442 NW 42ND WAY COCONUT CREEK, FL 33073 US			Mailing Address 5442 NW 42ND WAY COCONUT CREEK, FL 33073 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0202999	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
EDWARDS, ANGIE 5442 NW 42ND WAY COCONUT CREEK, FL 33073			Name May, Meacham e Davell		
			Street Address (P.O. Box Number is Not Acceptable) BANK OF AMERICA, Suite 2602		
			City ONE FINANCIAL Plaza		
			City Ft Lauderdale FL Zip Code 33394-1697		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE		Jeffrey J. Wood		DATE 4/17/03	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent's signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$166.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EDWARDS, ANGIE		NAME		
STREET ADDRESS	5442 NW 42ND WAY		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EDWARDS, GARY		NAME		
STREET ADDRESS	825 HOSMER STREET		STREET ADDRESS		
CITY-ST-ZIP	MARINETTE, WI		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EDWARD, ANGIE		NAME		
STREET ADDRESS	5442 NW 42ND WAY		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VALENTIN, ALEX		NAME		
STREET ADDRESS	5442 NW 42ND WAY		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 607, 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: Angie Edwards		DATE: 4/15/2003		Daytime Phone #: 954-725-6194	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		Daytime Phone #	

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CHECK HERE IF MAKING CHANGES

CRFE034 (10/02)