2002 UNIFORM BUSINESS REPORT (UBR) FILED May 27, 2002 8:00 am Secretary of State **DOCUMENT # N00000000674** 1. Entity Name TRI-COUNTY K-9 SEARCH TEAM, INC. 05-27-2002 90292 039 ****61.25 Principal Place of Business Mailing Address 2120 N.E. VAN LOON TERR. 2120 N.E. VAN LOON TERR. CAPE CORAL FL 33909 CAPE CORAL FL 33909 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0970646 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KERSEY, LEE 2120 N.E. VAN LOON TERR. CAPE CORAL FL 33909 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** Ŷ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition ☐ Delete TITLE KERSEY, LEE NAME NAME STREET ADDRESS 2120 N.E. VAN LOON TERR. STREET ADDRESS CAPE CORAL FL 33909 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE KOLB. AMY NAME NAME 204 FRED AVENUE NORTH STREET ADDRESS STREET ADDRESS CITY:ST:ZIP CITY-ST-ZIP-FORT MEYERS FL 33971 ☐ Delete Change ☐ Addition TITLE TITLE TAYLOR, ANDREA NAME NAME STREET ADDRESS 4015 S.W. 29TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE CAPE CORAL FL 33914 ☐ Addition Change ☐ Delete TITLE TITLE KERSEY, CHARLES NAME NAME STREET ADDRESS STREET ADDRESS 2120 N.E. VAN LOON TERR. CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33909 ☐ Addition ☐ Change Delete TITLE TAYLOR, ANDREA NAME NAME 2734 SW 28 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33914

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 617, 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE OF DIRECTOR

☐ Delete

4/30/02

8300 , ext 31

☐ Change

Addition