2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
05-20-2002 90097 035 ****61.25

DOCUMENT # N00000001311

1. Entity Name

CEDAR GROVE MOUNTED POLICE POSSE, INC.

Principal Place of Business	Mailing Address
~~2720 EAST 14TH STREET~~ ~~CEDAR GROVE FL 32405~~	~~2720 EAST 14TH STREET~~ ~~CEDAR GROVE FL 32436~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10202 Davenport Ave	1415 Baker Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Youngstown, FL	City & State: Panama City, FL
Zip: 32456 Country: USA	Zip: 32401 Country: USA

4. FEI Number 59-3639123 ☐ Applied For ☐ Not Applicable

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
HILL, R. MICHAEL 1415 BAKER COURT PANAMA CITY FL 32401	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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FUQUA, EDWARD G 10202 DAVENPORT AVENUE YOUNGSTOWN FL 32456	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director R. Michael Hill 1415 Baker Ct Panama City, FL 32401 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FUQUA, RUTH 10202 DAVENPORT AVENUE YOUNGSTOWN FL 32456	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARKER, SUE 2719 EAST 13TH STREET PANAMA CITY FL 32405	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (9/01)

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.

SIGNATURE: SIGNATURE R. Michael Hill Director 4/29/02 850-872-4128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #