

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000002237**

1. Entity Name

TACTICAL SAFETY TRAINING CONSULTANTS, INC.

Principal Place of Business	Mailing Address
3834 WENDY BLVD.	3834 WENDY BLVD.
LADY LAKES FL	LADY LAKES FL
32159	32159

2. Principal Place of Business	3. Mailing Address
3834 WENDY BLVD.	3834 WENDY BLVD.

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
LADY LAKES FL	LADY LAKES FL

Zip	Country	Zip	Country
32159	US	32159	US

4. FEI Number	Applied For
	<input checked="" type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HICKS ROBERT W 3834 WENDY BLVD. LADY LAKES FL 32159	Name HICKS ROBERT W Street Address (P.O. Box Number is Not Acceptable) 3834 WENDY BLVD. City LADY LAKES FL Zip Code 32159

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	05/01/2001
Signature, typed or printed name of registered agent and title if applicable.	DATE

(NOTE: Registered Agent signature required when reinstalling)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert W. Hicks	D/T	05/01/2001
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)