

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008391

1. Entity Name

CRIME WATCH COALITION, INC.

Principal Place of Business

12809 HONEYBROOK DRIVE
HUDSON FL 34669

Mailing Address

12809 HONEYBROOK DRIVE
HUDSON FL 34669

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3692681

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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 PD
NAME BLOTTA, JOSEPH
STREET ADDRESS 12809 HONEYBROOK DRIVE
CITY-ST-ZIP HUDSON FL 34669 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME LADIMIR, MARYANN MARIANNE
STREET ADDRESS 12809 HONEYBROOK DRIVE
CITY-ST-ZIP HUDSON FL 34669 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME LADIMIR, ROBERT
STREET ADDRESS 12809 HONEYBROOK DRIVE
CITY-ST-ZIP HUDSON FL 34669 ☒ Delete

TITLE D
NAME B. H. MARRAS
STREET ADDRESS 12809 HONEYBROOK DR
CITY-ST-ZIP HUDSON, FL 34669 ☐ Change ☒ Addition

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME B. H. MARRAS ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIANNE LADIMIR

Date

8-9-02 856-6523

Daytime Phone

2/11
* 8.

FILED
Sep 19, 2002 8:00 am
Secretary of State

02-11-2002 90113 017 ****61.25

08-13-2002 90227 048 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)