

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000003306

1. Entity Name

EMERGENCY COMMUNICATIONS RESPONSE GROUP, INC.

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90009 012 \*\*\*\*61.25

Principal Place of Business

7902 MADISON AVENUE  
SOUTHPORT FL 32409

Mailing Address

7902 MADISON AVENUE  
SOUTHPORT FL 32409

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

☒

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAGE, WILLIAM L  
7902 MADISON AVENUE  
SOUTHPORT FL 32409

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 PD  
NAME O'DANIEL, JOSEPH W JR.  
STREET ADDRESS 4123 RUSSELL LANE  
CITY-ST-ZIP PANAMA CITY FL 32404-6254 ☒ Delete

TITLE PD  
NAME Mitchell, Jack N  
STREET ADDRESS 820 Kraft Ave  
CITY-ST-ZIP Panama City FL 32401 ☒ Change ☐ Addition

TITLE VD  
NAME PAGE, WILLIAM L  
STREET ADDRESS 7902 MADISON AVENUE  
CITY-ST-ZIP SOUTHPORT FL 32409 ☐ Delete

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

TITLE STD  
NAME PAGE, MARY A  
STREET ADDRESS 7902 MADISON AVENUE  
CITY-ST-ZIP SOUTHPORT FL 32409 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/02 850 742 6200  
Date Daytime Phone #

CR2E037 (9/01)