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Aug 11, 2002 8:00 am
Secretary of State
05-16-2002 90066 012 ****70.00

41228

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000006388

1. Entity Name

FLORIDA HOMICIDE INVESTIGATORS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 17242 CLEARWATER FL 33762	PO BOX 17242 CLEARWATER FL 33762

DO NOT WRITE IN THIS SPACE

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 59-3743656 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, DIANE DET
C/O LARGO POLICE DEPARTMENT
201 HIGHLAND AVE
LARGO FL 33770

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
P DEASARO, MARK DET PO BOX 17242 CLEARWATER FL 33762		☐ Delete			☐ Change ☐ Addition
V MCMULLEN, STEVE DET PO BOX 17242 CLEARWATER FL 33762		☒ Delete	SEC. Robert Schuck PO Box 17242 Clearwater, FL 33762	D	☒ Change ☒ Addition
S BUSHNELL, J DET PO BOX 17242 CLEARWATER FL 33762		☒ Delete			☐ Change ☐ Addition
T MARTIN, DIANE DET PO BOX 17242 CLEARWATER FL 33762	D	☐ Delete			☐ Change ☐ Addition
		☐ Delete	SEE		☐ Change ☒ Addition
		☐ Delete			☐ Change ☐ Addition

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: [redacted] Diane Martin 4/25/02 727-586-7437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #