


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90113 039 \*\*\*\*70.00

**DOCUMENT # N02000003151**

1. Entity Name  
**THE ASSOCIATION FOR EXPLOSIVE DETECTION K-9'S, INTERNATIONAL, INC.**



Principal Place of Business  
**434 N. RIDGEWOOD AVENUE  
DAYTONA BEACH FL 32114**

Mailing Address  
**434 N. RIDGEWOOD AVENUE  
DAYTONA BEACH FL 32114**



2. Principal Place of Business  
**2450 Jerry Circle**

3. Mailing Address  
**1500 Beville Rd  
Suite, Apt. #, etc. Pmb  
Ste 606/313**

City & State  
**Port Orange FL**

City & State  
**Daytona Bch FL**

Zip  
**32128**

Country  
**USA**

Zip  
**32114**

Country  
**USA**

CHECK HERE IF MAKING CHANGES

4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NOLIN, HENRI R  
434 N. RIDGEWOOD AVENUE  
DAYTONA BEACH FL 32114**

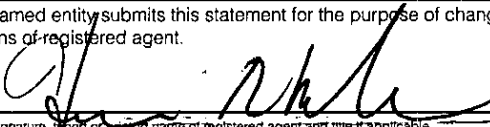
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**2450 Jerry Circle**

City **Port Orange** **FL** Zip Code **32128**

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  DATE **1/17/03**

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BIDWELL, NANCY</b>	
STREET ADDRESS	<b>POST OFFICE BOX 178</b>	
CITY-ST-ZIP	<b>AQUILLA TX 76622</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>WHITSTINE, WILLIAM</b>	
STREET ADDRESS	<b>434 N. RIDGEWOOD AVENUE</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>NOLIN, CAROLYN</b>	
STREET ADDRESS	<b>1544 RUSTY CIRCLE</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL 32129</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>BRAND, ALTON</b>	
STREET ADDRESS	<b>434 N. RIDGEWOOD AVENUE</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>NOLIN, HENRI R</b>	
STREET ADDRESS	<b>434 N. RIDGEWOOD AVENUE</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCOFIELD, STEPHEN</b>	
STREET ADDRESS	<b>434 N. RIDGEWOOD AVENUE</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1500 Beville Rd 606/313</b>	
CITY-ST-ZIP	<b>Daytona Bch FL 32128</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2450 Jerry Cir</b>	
CITY-ST-ZIP	<b>Port Orange FL 32128</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1500 Beville Rd 606/313</b>	
CITY-ST-ZIP	<b>Daytona Bch FL 32114</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2450 Jerry Circle</b>	
CITY-ST-ZIP	<b>Port Orange FL 32128</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1500 Beville Rd 606/313</b>	
CITY-ST-ZIP	<b>Daytona Bch FL 32114</b>	

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:  **Henri R Nolin** 1/17/03 3862573275

CR2E037 (10/02)