

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 26, 2001 08:00 AM****Secretary of State****DOCUMENT # N09665****1. Entity Name**
FLORIDA LAW ENFORCEMENT GAMES INCORPORATED**Principal Place of Business**
2014 KENNETH ST.
JACKSONVILLE FL 32207**Mailing Address**
2014 KENNETH ST.
JACKSONVILLE FL 32207**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
59-2659870**Applied For**
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**AKEL, DANIEL D.
2301 INDEPENDENT SQUARE
JACKSONVILLE FL 322022059**Name**
AKEL, DANIEL D.**Street Address (P.O. Box Number is Not Acceptable)**
2301 INDEPENDENT SQUARE**City**
JACKSONVILLE**FL****Zip Code**
322022059**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** **01/26/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MAXEY H. B.	333 W. SLIGH AVE	TAMPA FL 33614	<input type="checkbox"/>
TD	BINGLE DOUGLAS	310 MIRAMAR ROAD	LAKELAND FL 33803	<input type="checkbox"/>
P	BAUERS NORB	8041 SW 20TH PLACE	DAVIE FL	<input type="checkbox"/>
DP	DEMERS, NORM	1045 RIVERSIDE AVE #180	JACKSONVILLE FL	<input type="checkbox"/>
D	CASEY MICHAEL	13716 74TH ST	WEST PALM BEACH FL 33412	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
D	BAUERS NORB	8041 SW 20TH PLACE	DAVIE FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: NORM DEMERS****DP****01/26/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)