

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N09665

FILED
Feb 22, 2002 8:00 AM
Secretary of State

Entity Name: FLORIDA LAW ENFORCEMENT GAMES INCORPORATED

Current Principal Place of Business:

2014 KENNETH ST.
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

2014 KENNETH ST.
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-2659870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AKEL, DANIEL D.
2301 INDEPENDENT SQUARE
JACKSONVILLE, FL 322022059 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CASEY, MICHAEL
Address: 13716 74TH ST
City-St-Zip: WEST PALM BEACH, FL 33412

Title: DP () Delete
Name: DEMERS, NORM,
Address: 1045 RIVERSIDE AVE #180
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: BAUERS, NORB
Address: 8041 SW 20TH PLACE
City-St-Zip: DAVIE, FL

Title: TD () Delete
Name: BINGLE, DOUGLAS
Address: 310 MIRAMAR ROAD
City-St-Zip: LAKE LAND, FL 33803

Title: P () Delete
Name: MAXEY, H. B.
Address: 333 W. SLIGH AVE
City-St-Zip: TAMPA, FL 33614

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: BALL, ROBERT
Address: 130 HOLLOW CREEK LN.
City-St-Zip: HAVANA, FL 32333

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN DEMERS

DP

02/22/2002

Electronic Signature of Signing Officer or Director

Date