

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

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90276 017 \*\*\*\*61.25

**DOCUMENT # N10134**

1. Entity Name

**BARTOW CRIME STOPPERS, INC.**



Principal Place of Business

**510 N BROADWAY AVE  
BARTOW FL 33830  
US**

Mailing Address

**510 N BROADWAY AVE  
BARTOW FL 33830  
US**

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 **59-2567298**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WRIGHT, STEVEN R  
550 E DAVIDSON ST  
BARTOW FL 33830**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DP  
BELL, MELONY  
412 N. LANIER  
FORT MEADE FL 33841**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DVP  
SMITH, ERNEST  
425 E. VAN FLEET DR.  
BARTOW FL 33830**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DT  
WRIGHT, STEVE  
550 E. DAVIDSON  
BARTOW FL 33830**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D/C  
Gail O'Doski  
475 E. Main Street**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DS  
COOK, DEENA  
840 E. LEMON ST  
BARTOW FL 33830**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D/VC  
Kelly Hardwick  
341 W. Davidson Street  
Bartow, FL 33830**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
ADAMS, CAL  
1695 EMERSON AVE.  
BARTOW FL 33830**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D/S  
Donna Harris  
450 N. Broadway  
Bartow, FL 33830**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
CORBETT, JODON J  
1655 MAGNOLIA  
BARTOW FL 33830**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
Ernest Smith  
425 E. Van Fleet Drive  
Bartow, FL 33830**

☐ 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:

**REQUIRED**

**2-10-03**

Date

Daytime Phone #

CR2E037 (10/02)