

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

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90125 043 \*\*\*\*\*61.25

**DOCUMENT # N14030**

1. Entity Name  
**NATIONAL ASSOCIATION OF POLICE EQUIPMENT DISTRIBUTORS, INC.**



Principal Place of Business  
**4941 S. LAKE DRIVE  
C/O FREDERICK CANNON  
BOYNTON BEACH FL 33436**

Mailing Address  
**4941 S. LAKE DRIVE  
C/O FREDERICK CANNON  
BOYNTON BEACH FL 33436**

2. Principal Place of Business  
**712 Turkey Roost Drive  
Suite, Apt. #, etc.  
c/o Thomas A. Pertierra**

3. Mailing Address  
**712 Turkey Roost Drive  
Suite, Apt. #, etc.  
c/o Thomas A. Pertierra**

City & State  
**Greenville, Florida**

City & State  
**Greenville, Florida**

Zip  
**32331-5000**

Country  
**USA**

Zip  
**32331-5000**

Country  
**USA**

4. FEI Number **65-0015225**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CANNON, FREDERICK  
4941 S. LAKE DRIVE  
BOYNTON BEACH FL 33436**

7. Name and Address of New Registered Agent

Name  
**Pertierra, Thomas A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**712 Turkey Roost Drive**  
City  
**Greenville** **FL** Zip Code  
**32331-5000**

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 *Thomas A. Pertierra*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/18/2003*

**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 **D** ☒ Delete  
NAME **JENNIGES, STEVEN E**  
STREET ADDRESS **2715 WHITE OAK CIRCLE**  
CITY-ST-ZIP **ORONO MN 55356**

TITLE **D** ☐ Delete  
NAME **PARKS, CATHERINE**  
STREET ADDRESS **6521 LANSING ROAD**  
CITY-ST-ZIP **CHARLOTTE MI 48813**

TITLE **S** ☒ Delete  
NAME **CANNON, FREDERICK**  
STREET ADDRESS **4941 S. LAKE DRIVE**  
CITY-ST-ZIP **BOYNTON BCH. FL**

TITLE **D** ☐ Delete  
NAME **SHERBURNE, PHILLIPS B**  
STREET ADDRESS **201 S. SHELBURNE ROAD**  
CITY-ST-ZIP **GREENFIELD MA 01302-0182**

TITLE **D** ☐ Delete  
NAME **MAGOLDA, ANTHONY M**  
STREET ADDRESS **5521 WHITE HORSE PIKE**  
CITY-ST-ZIP **EGG HARBOR CITY NJ 08215**

TITLE **D** ☐ Delete  
NAME **ORR, WILLIAM J JR**  
STREET ADDRESS **11 HILLWAY DRIVE**  
CITY-ST-ZIP **ROUND ROCK TX 78664**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **Allan, Karen M.**  
STREET ADDRESS **7609 Midlothian Turnpike**  
CITY-ST-ZIP **Richmond, VA 23235**

TITLE **P** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition  
NAME **Pertierra, Thomas A.**  
STREET ADDRESS **712 Turkey Roost Drive**  
CITY-ST-ZIP **Greenville, FL 32331-5000**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 an other like empowered.

SIGNATURE: *Thomas A. Pertierra* **REQUIRED** Thomas A. Pertierra *2/18/2003* 850-997-0795

CR2E037 (10/02)