

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 08:00 AM
Secretary of State

DOCUMENT # N23285

1. Entity Name
CRIME PREVENTION OF TITUSVILLE, INC.

Principal Place of Business 1100 JOHN GLENN BLVD TITUSVILLE FL 32780 US	Mailing Address 1100 JOHN GLENN BLVD TITUSVILLE FL 32780 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number
59-6000440

Applied For	Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILLIAMS MELVIN
1100 JOHN GLENN BLVD

TITUSVILLE FL 32780

7. Name and Address of New Registered Agent

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.

SIGNATURE **MELVIN WILLIAMS** DATE **04/23/2001**

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 Department of State

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	KELLEY DONALD
STREET ADDRESS	1100 JOHN GLENN BLVD
CITY-ST-ZIP	TITUSVILLE FL 32780
TITLE	D <input type="checkbox"/> Delete
NAME	MCINNIS JAMES
STREET ADDRESS	1100 JOHN GLENN BLVD
CITY-ST-ZIP	TITUSVILLE FL 32780
TITLE	D <input type="checkbox"/> Delete
NAME	WILLIAMS MELVIN
STREET ADDRESS	1100 JOHN GLENN BLVD
CITY-ST-ZIP	TITUSVILLE FL 32780
TITLE	D <input type="checkbox"/> Delete
NAME	TUBBS TOM
STREET ADDRESS	1100 JOHN GLENN BLVD
CITY-ST-ZIP	TITUSVILLE FL 32780
TITLE	D <input type="checkbox"/> Delete
NAME	ROSS FRANK J
STREET ADDRESS	1100 JOHN GLENN BLVD
CITY-ST-ZIP	TITUSVILLE FL 32780
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: **Melvin Williams** D 04/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)