

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 USMailing Address
1100 JOHN GLENN BLVD
TITUSVILLE FL 32780 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
59-6000440

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

WILLIAMS MELVIN
1100 JOHN GLENN BLVD
TITUSVILLE FL 32780Name
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** 04/23/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATEFILE 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	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KELLEY DONALD			NAME			
STREET ADDRESS	1100 JOHN GLENN BLVD			STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL 32780			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MCINNIS JAMES			NAME			
STREET ADDRESS	1100 JOHN GLENN BLVD			STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL 32780			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WILLIAMS MELVIN			NAME			
STREET ADDRESS	1100 JOHN GLENN BLVD			STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL 32780			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TUBBS TOM			NAME			
STREET ADDRESS	1100 JOHN GLENN BLVD			STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL 32780			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROSS FRANK J			NAME			
STREET ADDRESS	1100 JOHN GLENN BLVD			STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL 32780			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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

CR2E037 (11/00)