

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N23285

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: CRIME PREVENTION OF TITUSVILLE, INC.

Current Principal Place of Business:

1100 JOHN GLENN BLVD
TITUSVILLE, FL 32780 US

New Principal Place of Business:

Current Mailing Address:

1100 JOHN GLENN BLVD
TITUSVILLE, FL 32780 US

New Mailing Address:

FEI Number: 59-6000440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, MELVIN
1100 JOHN GLENN BLVD
TITUSVILLE, FL 32780

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: ROSS, FRANK J
Address: 1100 JOHN GLENN BLVD
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: TUBBS, TOM
Address: 1100 JOHN GLENN BLVD
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: WILLIAMS, MELVIN
Address: 1100 JOHN GLENN BLVD
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: MCINNIS, JAMES
Address: 1100 JOHN GLENN BLVD
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: KELLEY, DONALD
Address: 1100 JOHN GLENN BLVD
City-St-Zip: TITUSVILLE, FL 32780

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:

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: MEL WILLIAMS

D

05/01/2002

Electronic Signature of Signing Officer or Director

Date