2001 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # N27558

Entity Name

Principal Place of Business

SIGNATURE:

ASSOCIATION OF PUBLIC SAFETY COMMUNICATIONS OFFI

PO BOX 20726 TAMPA FL 33622 US		C/O ROBERT LUKE TAMPA FL 33622 US		1 281 14	CO025340			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SPACE		
City & State		City & State		4. FEI Numbe	4. FEI Number 59-2311896		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate		\$8.75 Add	itional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
2621 SE ********** GAINESVI	NDALL W. HAWTHORNE ROAD ***********************************	r the purpose of changing its	City	ddress (P.O. Box Numbe		FL Zip Code	9	
SIGNATURE _	Signature, typed or printed name of registered agent FILE NOW: FEE IS \$61.25	Kerr	TE: Registered Agent signatu	re required when reinstating) \$5.00 May Be Added to Fees	2-20 Make Cl			
10.	OFFICERS AND DIE	RECTORS	11.	ADDITIONS/CH	ANGES TO OFFICERS A		10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUKE, ROBERT 4619 DRIESLER CIR TAMPA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONO/OF	ANGES TO CITICE IS A	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D'ORAZIO, DEBODAN R 3301 E. TAWIAMI TRAIL BLDG. NAPLES FL 33962-4902	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Richard Nels 2631 SE 3rd Ocala, FL	son Street 34471	,Change	⊠ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCHMIDT, RSBIN 3228 GUN CLUB RD W PALM BEACH FL 33406	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Thomas Sorle 3663 S. John Orlando, FL	☐ Change ▲Addition comas Sor1ey 63 S. John Young Parkway lando, FL 32835			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KERR, RANDALL W. 2621 SE HAWTHORNE ROAD GAINESVILLE FL 32641	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DZOBA; MANCY 1300 W. BROWAND BLVD. FL LAUDERDALE FL 335 12	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD D'ORAZIO, DEBBIE 3301 E TAMAMI TA BLDG J NADLES FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp, or on an attachment with an address,	s true and accurate and that owered to execute this repor	my signature snail n rt as required by Cha					

Randall us. Kerr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-01

Daytime Phone #

FILED

Feb 28, 2001 8:00 am Secretary of State 02-28-2001 90138 049 ****70.00