

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N28178

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: CRIME STOPPERS OF WEST CENTRAL FLORIDA, INC.

Current Principal Place of Business:

C/O LISA HABER
2008 E 8TH AVENUE
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

C/O LISA HABER
P O BOX 5766
TAMPA, FL 33675

New Mailing Address:

FEI Number: 59-2908445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, DEBBIE P
2013 SINCLAIR HILLS RD
LUTZ, FL 33549 US

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: DP () Delete
Name: CARTER, DEBBIE
Address: 2013 SINCLAIR HILLS RD
City-St-Zip: LUTZ, FL

Title: DVP () Delete
Name: TITA, GREG
Address: 10750 ULMERTON ROAD
City-St-Zip: LARGO, FL

Title: S () Delete
Name: WILSON, CINDY
Address: FIFTH FLOOR COURTHOUSE ANNEX
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: BUNCE, KEITH
Address: 3010 WEST CASS STREET
City-St-Zip: TAMPA, FL 33609

Title: T () Delete
Name: HEDGES, JOHNNY
Address: 4109 GANDY BLVD
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: MORRILL, DELORES
Address: 602 MARRILL COURT
City-St-Zip: VALRICO, FL 33594

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: T (X) Change () Addition
Name: MORERA, RICK
Address: 4211 N. LOIS AVENUE
City-St-Zip: TAMPA, FL 33614

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: DEBBIE CARTER

DP

04/30/2002

Electronic Signature of Signing Officer or Director

Date