

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N35404

FILED
Jan 18, 2002 8:00 AM
Secretary of State

Entity Name: CRIME STOPPERS OF THE KEYS, INC.

Current Principal Place of Business:

3706-H NORTH ROOSEVELT BLVD
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

3706-H NORTH ROOSEVELT BLVD
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-0367412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORGAN, DOUG
3706-H NORTH ROOSEVELT BLVD
KEY WEST, FL 33040

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: APD () Delete
Name: SAWYER, HARRY JR
Address: 3930 SOUTH ROOSEVELT BLVD
City-St-Zip: KEY WEST, FL 33040

Title: VPD () Delete
Name: SAWYER, HARRY JR
Address: 3930 SOUTH ROOSEVELT BLVD
City-St-Zip: KEY WEST, FL 33040

Title: TD () Delete
Name: MORGAN, DOUG
Address: 3706-H NORTH ROOSEVELT BLVD
City-St-Zip: KEY WEST, FL 33040

Title: SD () Delete
Name: RZAD, STANLEY T
Address: 1001 JAMES ST
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MALLOCH, JAMES
Address: 3220 EAGLE AVE.
City-St-Zip: KEY WEST, FL 33040

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: DOUG MORGAN

TD

01/18/2002

Electronic Signature of Signing Officer or Director

Date