

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90048 013 ****61.25

DOCUMENT # N94000004653

1. Entity Name

CODE ENFORCEMENT OFFICERS ASSOCIATION OF PALM BEACH COUNTY, FLORIDA, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 19062
 WEST PALM BEACH FL 33416-9062

POST OFFICE BOX 19062
 WEST PALM BEACH FL 33416-9062

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

65-0886077

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

WISE, KELVIN
10500 N MILITARY TR
PALM BEACH GARDENS FL 33410

Name **HAUSERMAN, Michael J.**

Street Address (P.O. Box Number is Not Acceptable)

100 AUSTRALIAN AVE.

City

West Palm Beach FL

Zip Code

33406

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

Michael J Hauserman

Michael J Hauserman

4-23-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE 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 NAME	PD WISE, KELVIN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	10500 N MILITARY TR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE NAME	VPD BENENATI, PAMELA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1040 ROYAL PALM BEACH BLVD	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE NAME	SD AIKEN, JOANNA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7501 N JOG RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE NAME	TD PAGE, SIGNA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	100 AUSTRALIAN AVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	PD HAUSERMAN, Michael J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	100 AUSTRALIAN AVE.	
CITY-ST-ZIP	West Palm Beach, FL. 33406	
TITLE NAME	VPD JACKSON, Kenneth E.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	100 AUSTRALIAN AVE.	
CITY-ST-ZIP	West Palm Beach, FL. 33406	
TITLE NAME	SD McDougal, Cynthia S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	100 AUSTRALIAN AVE.	
CITY-ST-ZIP	West Palm Beach, FL. 33406	
TITLE NAME	TD HANDLEY, Geoff	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7 N. DIXIE Hwy.	
CITY-ST-ZIP	LAKE WORTH, FL. 33406	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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)(i), 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: *Michael J Hauserman* **Michael J Hauserman** **4-23-02** **5612335297**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)