2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 09, 2000 8:00 am Secretary of State DOCUMENT # **N94000004992** 1. Entity Name PRISTINE PLACE CRIMEWATCH, INC. 05-09-2000 90043 028 ****61.25 Principal Place of Business Mailing Address 4100 BRECKLAND CT 4100 BRECKLAND CT SPRING HILL FL 34609-0833 SPRING HILL FL 34609 2. Principal Place of Business 3. Mailing Address 4262 COLP FWALL LADE 261 CONFROAL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Sty & State ty & State 4. FEI Number Applied For 65-0535870 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired 609 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DULAND O. Box Number is Not Accept ber is Not Acceptable) HIGGINS, ROBERT 4100 BRECKLAND CT SPRING HILL FL 34609 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE ☐ Delete TITLE NAME NAME ENGELBERT, BARBARA STREET ADDRESS STREET ADDRESS 14123 NEW CASTLE AVE. CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34609 Change DIRECTOR ☐ Addition TITLE Delete TITLE NAME West, Jerry NAME ROBELT HILLIPS 4100 BRIEKLADD CT. STREET ADDRESS STREET ADDRESS 4230 ST IVES BLVD CITY-ST-ZIP CITY-ST-ZIP PLENC-HELL, FLORDA SPRING HILL FL DELECTOR ☐ Addition TITLE Delete TITLE LILITLE WELLOUTSE NAME HAMANN, EARL NAME PULLMAN STREET ADDRESS STREET ADDRESS 3444 ST. IVES BLVD CITY-ST-ZIP CITY-ST-7IP SPRING HILL FL 34609 PRESEDENT RECHARD RULAND Delete TITLE ☐ Addition TITLE NAME HIGGINS, ROBERT NAME 14262 COLHWALL LAPE STREET ADDRESS STREET ADDRESS 4100 BRECKLAND CT CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34609 TITLE ☐ Addition ☐ Delete TITLE

SPREIGHTLL, FLORIDA SPRING HILL FL 34609 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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SELLETAN

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141 YB CONDIEWALL LADE

CITY-ST-ZIP

BONANNO, FRANK

4076 BRECKLAND CT

SPRING HILL FL 34609

ALEXANDER, ROBERT

% 13488 PULLMAN DR

NAME

TITLE

NAME

STREET ADDRESS

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Delete

Change

☐ Addition