NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State
07-02-2002 90815 015 ****61.25

DOCUMENT # N96000001346

1. Entity Name

FLORIDA SPECIAL RESPONSE TEAM-A

B0126886

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5933 W. Hillsboro Blvd	5933 W. Hillsboro Blvd
Suite # 155	Suite # 155
City & State: PARKLAND FL	City & State: PARKland FL
Zip: 33076 Country: USA	Zip: 33076 Country: USA

4. FEI Number 65-0659159 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. **Name and Address of Current Registered Agent**

Name: Jody Forsythe

Street Address (P.O. Box Number is Not Acceptable): 10534 Dogwood CR

City: Jupiter FL Zip Code: 33478

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: Jody Forsythe (Signature, typed or printed name of registered agent and title if applicable) Jody Forsythe (NOTE: Registered Agent signature required when reinstating) DATE: 6/20/02

FEE IS $61.25 Initial or Amended UBR

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

TITLE D NAME WOLFF, Edward C STREET ADDRESS 5933 W Hillsboro Bl #155 CITY-ST-ZIP PARKland, FL 33076	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME MARshall, James STREET ADDRESS 5933 W. Hillsboro Bl #155 CITY-ST-ZIP PARKland, FL 33076	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME PRAISLER, DAvid STREET ADDRESS 5933 W. Hillsboro Bl #155 CITY-ST-ZIP PARKland, FL 33076	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME GARRISON, Sheryl STREET ADDRESS 5933 W Hillsboro Bl #155 CITY-ST-ZIP PARKland, FL 33076	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME FORSYTHE, C. M. STREET ADDRESS 5933 W. Hillsboro Bl #155 CITY-ST-ZIP PARKland, FL 33076	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 06/20/02 DIRECTOR / CEO