2001 UNIFORM BUSINESS REPORT (UBR)

05-22-2001 10038 007 ****61.25
N99000002909

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 11 PM 5:58

769994

DOCUMENT # N99000002909

1. Entity Name

National Academy for Public Safety Training, Inc

Principal Place of Business	Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11300 Overseas Highway	11300 Overseas Highway
Suite, Apt. #, etc.: C/O Christopher B. Waldera, P.A.	Suite, Apt. #, etc.: C/O Christopher B. Waldera, P.A.
City & State: Marathon, Florida	City & State: Marathon, Florida
Zip: 33050 Country:	Zip: 33050 Country:

4. FEI Number: 65-1034005 ☐ 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
	Name: Christopher B. Waldera, P.A.
	Street Address (P.O. Box Number is Not Acceptable): 11300 Overseas Highway
	City: Marathon FL Zip Code: 33050

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: Chr B. Wal President 5/1/01
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 / STREET ADDRESS / CITY-ST-ZIP	D Christopher B. Waldera 11300 Overseas Highway Marathon, Florida 33050 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Carolyn Waldera 11300 Overseas Highway Marathon, Florida 33050 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sally Mishmash 6400 Overseas Highway Marathon, Florida 33050 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition AD

CR2E037 (11/00)

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: Chr B. Wal Director 5/01/01 (305) 289-2223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #