NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) Citizens On Patrol Tallahassee/Leon County, I 02 MAR 25 PM 4: 40 SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address SAME 1350 E. Tennessee ST. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59 2700 189 Not Applicable HIANASSEE Country Zip Country -\$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent >, SMITH DO NOT WRITE O. Box Number is Not Acceptable) FAST Tennessee Street IN THIS SPACE Zip Code 30309 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 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** Initial or Amended UBR 10. OFFICERS AND DIRECTORS TITLE Wayne Watten 1360 E. Benchesse Rt. E4#101 Tallaha 6600, FL 32308 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HANSAID, wargaret 1350 E Tennessee St. Effol TITLE TIT! F 51 200005195522----04/05/02--01052--003 NAME NAME STREET ADDRESS STREET ADDRESS *****61.25 Taliahassee, FL 32308 *****61,25 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Depug, CE NAME Leon County Court House STREET ADDRESS STREET ADDRESS DO NOT WRITE AllANASSEE, FL 32301 CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE Robin Freeman 1213 Hallfax Court NAME STREET ADDRESS STREET ADDRESS Talianassee, FL 32308 CITY-ST-ZIP CITY-ST-ZIP Helms, Frank 1940 thomasville Rd. TITLE D NAME NAME STREET ADDRESS STREET ADDRESS Tallahassee, FL 32303 CITY-ST-ZIP CITY-ST-ZIP MACLAUCHLIN, REID

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.

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

3700 Woodhili Dr.

Tallahassee, FL

NAME

STREET ADDRESS

CITY-ST-ZIP

3.26.02

850 942-4363

CR2E037B (12/01)