

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 09, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000018102**1. Entity Name
OFFICER'S DEPOT POLICE SUPPLY, INC.

Principal Place of Business	Mailing Address
5100 SUNBEAM RD., STE. 8	5100 SUNBEAM RD., STE. 8
JACKSONVILLE FL 32257	JACKSONVILLE FL 32257

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
59-3557116

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentYOUNGBLOOD TAMMY
5100 SUNBEAM RD., STE. 8JACKSONVILLE FL
32257 US**7. Name and Address of New Registered Agent**

Name

YOUNGBLOOD TAMMY EPRES

Street Address (P.O. Box Number is Not Acceptable)
5100 SUNBEAM RD., STE. 8City
JACKSONVILLE

FL

Zip Code
32257

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 **TAMMY YOUNGBLOOD****01/09/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	☐ Delete
NAME	YOUNGBLOOD TAMMY	
STREET ADDRESS	5100 SUNBEAM RD., STE. 8	
CITY-ST-ZIP	JACKSONVILLE FL 32257	

TITLE		☐ Delete
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STREET ADDRESS		
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tammy Youngblood

Pres

01/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)