

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90780 040 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO1000013141
1. Entity Name
Airborne Law Enforcement Accreditation
Commission, Inc.

DO NOT WRITE IN THIS SPACE

642010

2. Principal Place of Business <u>3208 Castle Court</u> Suite, Apt. #, etc.	3. Mailing Address <u>3208 Castle Court</u> Suite, Apt. #, etc.
City & State <u>Tallahassee, FL</u> Zip <u>32309</u> Country <u>USA</u>	City & State <u>Tallahassee, FL</u> Zip <u>32309</u> Country <u>USA</u>

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4. FEI Number <u>59-3703659</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>Robert S. Cohen</u>
Street Address (P.O. Box Number is Not Acceptable) <u>1435 E. Piedmont Drive</u>
Suite <u>201</u>
City <u>Tallahassee</u> FL Zip Code <u>32308</u>

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

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP <u>P/S/T/D</u> <u>M. Lee Gilreath</u> <u>3208 Castle Court</u> <u>Tallahassee, FL 32309</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Mantell Lee Gilreath
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)