
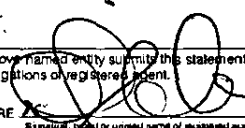
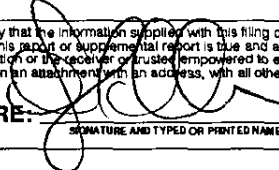


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000016501 ✓			
1. Entity Name COPS AND FIREFIGHTERS IN BUSINESS, INC.			
Principal Place of Business 13790 N.W. 4TH 4th ST SUITE 106 SUNRISE, FL 33325		Mailing Address 13790 N.W. 4TH 4th ST SUITE 106 SUNRISE, FL 33325	
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 65-1083911		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132		Name Dean J. Adler Street Address (P.O. Box Number is Not Acceptable) 13790 NW 4 STREET #106 City Sunrise, FL Zip Code 33325	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		Dean J. Adler, President 4.28.03 <small>(NOTE: Registered Agent's signature required when necessary)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input checked="" type="checkbox"/> Delete NAME ADLER, DEAN J STREET ADDRESS 13790 N.W. 4TH STREET SUITE 106 CITY-ST-ZIP SUNRISE, FL 33325	TITLE Dean J. Adler <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME Dean J. Adler STREET ADDRESS 13790 NW 4 ST #106 CITY-ST-ZIP SUNRISE, FL 33325		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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 607, 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: 		Dean J. Adler 4.28.03 954-430-2946 <small>(NOTE: Registered Agent's signature required when necessary)</small>	

11030260



CHECK HERE IF MAKING CHANGES

CFR2EC04 (10/02)