

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90018 035 ***150.00

DOCUMENT # P01000045604
 1. Entity Name
TACTICAL SOLUTIONS INC.

Principal Place of Business 720 BALD EAGLE DRIVE C/O TACTICAL SOLUTIONS INC. MARCO ISLAND FL 34145	Mailing Address 720 BALD EAGLE DRIVE C/O TACTICAL SOLUTIONS INC. MARCO ISLAND FL 34145
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2. Principal Place of Business 720 BALD EAGLE DRIVE Suite, Apt. #, etc.	3. Mailing Address 720 BALD EAGLE DRIVE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State MARCO ISLAND, FL	City & State MARCO ISLAND, FL	4. FEI Number 59-3715476	Applied For <input type="checkbox"/> Not Applicable
Zip 34145	Country COLLIER	Zip 34145	Country COLLIER

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

6. Name and Address of Current Registered Agent
**SPARACINO, CHRISTOPHER J
 514 BRADFORD CT.
 MARCO ISLAND FL 34145**

7. Name and Address of New Registered Agent
 Name
CHRISTOPHER J. SPARACINO
 Street Address (P.O. Box Number is Not Acceptable)
 City
MARCO ISLAND **FL** Zip Code
34145

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 *Christopher J. Sparacino* DATE 04/13/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CHRISTOPHER J. SPARACINO 514 BRADFORD CT. MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Christopher J. Sparacino* **SIGNATURE REQUIRED** DATE 04/13/02 (941) 825-5916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)