


FILED
Jun 20, 2003 8:00 am
Secretary of State

06-20-2003 90028 026 ***150.00

CORPORATION
BUSINESS REPORT (UBR)

DOCUMENT # P01000045604
 1. Firm Name
TACTICAL SOLUTIONS INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
720 BALD EAGLE DRIVE
 Suite, Apt. #, etc.
C/O TACTICAL SOLUTIONS INC.

3. Mailing Address
720 BALD EAGLE DRIVE
 Suite, Apt. #, etc.
C/O TACTICAL SOLUTIONS INC.

DO NOT WRITE IN THIS SPACE

City & State
MARCO ISLAND, FL

City & State
MARCO ISLAND, FL

Zip
34145

Country
USA

4. FEI Number
59-3715476

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of Current Registered Agent

Name
CHRISTOPHER J. SPARACINO

Street Address (P.O. Box Number is Not Acceptable)
514 BRADFORD CT.

City
MARCO ISLAND, FL

Zip Code
34145

I, 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 a registered agent.

Signature Christopher Sparacino DATE 06/16/2003
(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS			
TITLE	PRESIDENT	TITLE	
NAME	CHRISTOPHER J. SPARACINO	NAME	
STREET ADDRESS	514 BRADFORD CT.	STREET ADDRESS	
CITY - ST - ZIP	MARCO ISLAND, FL 34145	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

Signature C. Sparacino DATE 06/16/2003 Daytime Phone # (239)825-5916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)