

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

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

02-20-2003 90133 022 \*\*\*150.00

**DOCUMENT # P01000048732**

1. Entity Name

**SOUTHEAST FLORIDA POLICE FIREARMS TRAINING CENTE  
R, INC.**



Principal Place of Business

**3113 LAKE WORTH ROAD  
LAKE WORTH FL 33461**

Mailing Address

**1651 OAK BARRY CIRCLE  
WELLINGTON FL 33414**

2. Principal Place of Business

**4968 10th Ave North**

3. Mailing Address

**1651 Oak Barry Cir**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Greenacres, FL**

City & State

**Wellington, FL**

Zip

**33463-2210**

Country

**Palm Beach**

Zip

**33414**

Country

**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**65-1105551**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**

**343 ALMERIA AVENUE**

**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
PEDERSEN, ALAN  
3113 LAKE WORTH ROAD  
LAKE WORTH FL 33461** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVD  
KOEHLER, DOUGLAS F  
3113 LAKE WORTH ROAD  
LAKE WORTH FL 33461** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Use

Daytime Phone #

CR2E034 (10/02)