

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90018 003 ***158.75

DOCUMENT # P96000075049

1. Entity Name

~~TOWN & BEACH, INC.~~ policeXchange.com, Inc.

Principal Place of Business

Mailing Address

~~P.O. BOX 15348~~
TALLAHASSEE FL 32317-5348
US

~~P.O. BOX 15348~~
TALLAHASSEE FL 32317-5348
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 1318
Suite, Apt. #, etc.

P.O. Box 1318
Suite, Apt. #, etc.

City & State

Carrabelle, FL

City & State

Carrabelle, FL

4. FEI Number

59-3418928

Applied For

Not Applicable

Zip

32322

Country

USA

Zip

32322

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~FINN, LINDA L~~
~~1406 STEVENSON DRIVE~~
~~TALLAHASSEE FL 32301~~

Name
Finn, Raymond R.

Street Address (P.O. Box Number is Not Acceptable)
1406 Stevenson Drive

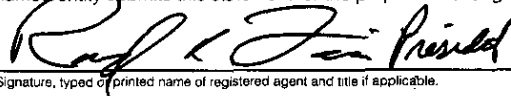
City
Tallahassee

FL

Zip Code
32301

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



Raymond R. Finn, President

01-28-00

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** Delete
NAME **FINN, LINDA L**
STREET ADDRESS **P.O. BOX 15348 N/A**
CITY-ST-ZIP **TALLAHASSEE FL 32317**

TITLE **DP** Change Addition
NAME **Finn, Raymond R.**
STREET ADDRESS **P.O. Box 1318**
CITY-ST-ZIP **Carrabelle, FL, 32322**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** Change Addition
NAME **Landis, Vince**
STREET ADDRESS **120 S.W. 25th Road**
CITY-ST-ZIP **Miami, FL, 33129**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:  **REQUIRED** Raymond R. Finn, President 01-28-00 850/309-0619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

00014400



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)