

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90102 017 ***150.00

00057716

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P97000027284**
 1. Entity Name
AMERICAN Public Safety Training Services, Inc.

Principal Place of Business
10799-157st N.
Jupiter, FL
33478

Mailing Address
P.O. Box 8742
Jupiter, FL
33468

2. Principal Place of Business
10799-157st N.
 Suite, Apt. #, etc.
Jupiter, FL
 City & State
Jupiter, FL
 Zip
33478 Country
USA

3. Mailing Address
P.O. Box 8742
 Suite, Apt. #, etc.
 City & State
Jupiter, FL
 Zip
33468 Country
USA

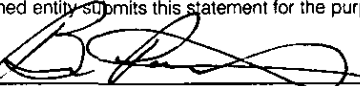
4. FEI Number
65-0743670 Applied For
 Not Applicable

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
 Name **BRUCE Parent**
 Street Address (P.O. Box Number is Not Acceptable)
10799-157st North
 City **Jupiter** **FL** Zip Code **33478**

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  DATE **05/18/00**

(NOTE: Registered Agent signature required when reinstating)

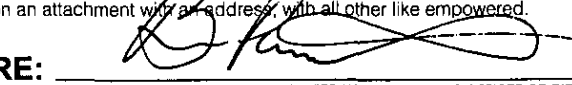
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 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	BRUCE Parent <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	10799-157st N. PRESIDENT		NAME		
STREET ADDRESS	Jupiter, FL 33478		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	ROBBIE Bishop PRESIDENT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	200 VILLA Ridge Ct DEED 01/20/99		NAME		
STREET ADDRESS	DALLAS, GA		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	LISA Bishop <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	211 VILLA Ridge Ct		NAME		
STREET ADDRESS	DALLAS, GA BOARD MEMBER		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	Theresa Parent <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	10799-157st N. Sec. TRER.		NAME		
STREET ADDRESS	Jupiter, FL 33478		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  DATE **05/18/00** DAYTIME PHONE # **1800-953-8466**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)