

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90428 018 ***150.00

DOCUMENT # P98000040979

1. Entity Name

TACTICAL RESPONSE TRAINING, INC.

Principal Place of Business

Mailing Address

12204 N.W. 122ND TERRACE
 ALACHUA FL 32615

12204 N.W. 122ND TERRACE
 ALACHUA FL 32615-6533

2. Principal Place of Business

12820 NW 110TH PLACE

3. Mailing Address

12820 NW 110TH PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ALACHUA, FL

City & State

ALACHUA, FL

4. FEI Number

59-3513297

Applied For

Not Applicable

Zip

32615

Country

US

Zip

32615

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAN WINKLE, MARY E
3844 BEE RIDGE RD. STE. 202
SARASOTA FL 34233

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.

SIGNATURE

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D	VAN WINKLE, EDWARD L	12204 N.W. 122ND TERRACE	ALACHUA FL 32615	<input checked="" type="checkbox"/>
PTD	VAN WINKLE, EDWARD L	12204 NW 122ND TER.	ALACHUA FL 32615	<input type="checkbox"/>
VSD	VAN WINKLE, TANYA L	12204 NW 122ND TER.	ALACHUA FL 32615	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PTD	VAN WINKLE, EDWARD L	12820 NW 110TH PLACE	ALACHUA, FL 32615	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VSD	VAN WINKLE, TANYA L	12820 NW 110TH PLACE	ALACHUA, FL 32615	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Edward L Van Winkle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

Date

(904) 418-3543

Daytime Phone #

CR2E034 (9/99)