

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000014631**

1. Entity Name

TACPRO TACTICAL PRODUCTS, INC.

Principal Place of Business

**6921 VICKIE CIRCLE
WEST MELBOURNE FL 32904**

Mailing Address

**6921 VICKIE CIRCLE
WEST MELBOURNE FL 32904**

2. Principal Place of Business

1643 ZAFFER ST. NW

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 120446

Suite, Apt. #, etc.

City & State

PALM BAY, FL

City & State

W. MELBOURNE, FL

Zip

32907

Country

BREVARD

Zip

32912-0446

Country

BREVARD

4. FEI Number

59-3556025

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

**SELVETTI, MICHAEL D
1643 ZAFFER ST NW
PALM BAY FL 32907**

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, 2001 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 **PD** ☐ Delete
NAME **SELVETTI, MICHAEL D**
STREET ADDRESS **1643 ZAFFER ST NW**
CITY-ST-ZIP **PALM BAY FL 32907**

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

TITLE **VD** ☐ Delete
NAME **JENKINS, CARSON G III**
STREET ADDRESS **1207 SCHAYLER ST SW**
CITY-ST-ZIP **PALM BAY FL 32908**

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

TITLE **T** ☐ Delete
NAME **SELVETTI, KELLY J**
STREET ADDRESS **6921 VICKIE CIRCLE**
CITY-ST-ZIP **WEST MELBOURNE FL 32904**

TITLE ☒ Change ☐ Addition
NAME **SELVETTI, KELLY J.**
STREET ADDRESS **1643 ZAFFER ST NW**
CITY-ST-ZIP **PALM BAY, FL 32907**

TITLE **S** ☐ Delete
NAME **JENKINS, AMY**
STREET ADDRESS **6921 VICKIE CIRCLE**
CITY-ST-ZIP **WEST MELBOURNE FL 32904**

TITLE ☒ Change ☐ Addition
NAME **JENKINS, AMY P.**
STREET ADDRESS **1207 SCHAYLER ST SW**
CITY-ST-ZIP **PALM BAY, FL 32908**

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:

KELLY J. SELVETTI, TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/17/01

Daytime Phone #

321-480-2991

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90227 030 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)