

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2002 8:00 am
Secretary of State

08-15-2002 90046 006 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # S36997

1. Entity Name
FLORIDA ASSOCIATION OF PRETRIAL SERVICES AGENCIE S, INC. ✓

Principal Place of Business
**8411 GLENDALE RD.
TALLAHASSEE FL 32311**

Mailing Address
**8411 GLENDALE RD.
TALLAHASSEE FL 32311**

2. Principal Place of Business
3182 Shamrock St E

3. Mailing Address
P.O. Box 13913

Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State
Tallahassee, FL

Zip
32309

Country
USA

Zip
32317-3913

Country
USA

4. FEI Number
65-0317958

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPATH, WAYNE
912 S. ANDREWS AVE
FT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name
Cary Carlisle

Street Address (P.O. Box Number is Not Acceptable)
1745 W. Leonard St

City
Pensacola

FL

Zip Code
32501

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 _____ (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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARLISLE, CARY 1745 WEST LEONARD STREET PENSACOLA FL 32501	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESTES, AL SR 13790 49TH STREET NORTH CLEARWATER FL 33762	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAPENER, ROGER 9861 NW 51 LANE MIAMI FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REED, RICO 6155 S FLORIDA AVE #7 LAKELAND FL 33813	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARCIA, JENNIFER 1465 NW N. RIVER DR MIAMI FL 33125	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Judy Stines 5560 Roosevelt Blvd Clearwater, FL 33760	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **8/12/02** Daytime Phone # **850/201-3722**

CR2E034 (4/02)

Attachment

#536097

974445

Florida Association of Pretrial Services Agencies, Inc.

Post Office Box 13913 Tallahassee Florida 32317-3913 Ph. (850) 201-3722

August 12, 2002

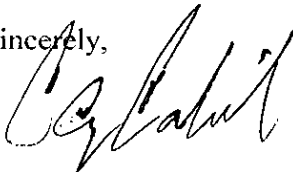
Florida Department of State
Division of Corporations
P.O. Box 1500

Tallahassee, FL 32302-1500

Dear Sir or Madam:

Please accept our apologies in submitting the 2002 Uniform Business Report after the May 1, 2002, due date. This corporation did not receive the first notice. Our mailing address has changed and is noted on the completed form. We appreciate your consideration in this matter.

Sincerely,



Cary Carlisle
President