

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91632 029 ***158.75

DOCUMENT # S63280

1. Entity Name

LAW ENFORCEMENT TRAINING SYSTEMS, INC.

Principal Place of Business

**9751 N.W. 24 COURT
SUNRISE FL 33322**

Mailing Address

**9751 N.W. 24 COURT
SUNRISE FL 33322**

2. Principal Place of Business

3. Mailing Address

526 NW 113 Avenue

SAMS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Coral Springs FL

Zip

Country

Zip

Country

33071

US

4. FEI Number

65-0279078

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOSS, RICHARD S.

9751 N.W. 24TH CT.

SUNRISE FL 33322

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, 2002 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

D

**MOSS, RICHARD S.
9751 N.W. 24 COURT
SUNRISE FL**

☐ Delete

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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

5/10/02 954-605-4412

Date

Daytime Phone #

CR2E034 (9/01)

436371

526 Northwest 113 Avenue
Coral Springs, Florida 33071
Telefax 954-746-LETS
Email rmoss@l-e-t-s.com

Law Enforcement Training Services, Inc.

May 12, 2002

Division of Corporations
Uniform Business Report Filings
Box 1500
Tallahassee, FL 32302-1500

Re Document #S63280

To Whom It May Concern:

Since 1991 LETS Inc. has conducted business in and from the State, filing the required documents on time. As a provider of services to the law enforcement profession we endeavor to comply with all statutory requirements related to our ability to operate in the State. This year however due to a miscommunication between our office and that of our accountant, Mr. Steven A. Bomser the enclosed filing and payment is presented late.

I therefore ask for consideration in regards to the amount due and assure the Division this was not an intentional disregard but errant omission.

Sincerely,



Richard S. Moss
Director