

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90063 029 \*\*\*\*61.25

**DOCUMENT # N01000000065**  
 1. Entity Name  
**SPECIAL AGENT OFF DUTY BILLING ASSOCIATION, INC.**

Principal Place of Business                      Mailing Address  
**4406 HUDSON LANE**                                      **4406 HUDSON LANE**  
**TAMPA FL 33624**    **TAMPA FL 33624**

2. Principal Place of Business                      3. Mailing Address  
 Suite, Apt. #, etc.                                      Suite, Apt. #, etc.  
 City & State    City & State  
 Zip                      Country                      Zip                      Country

4. FEI Number                      Applied For  
**59-3688871**                      Not Applicable  
 5. Certificate of Status Desired                       **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**MONES, ALAN M**  
**4211 N LOIS AVE**  
**TAMPA FL 33614**

**7. Name and Address of New Registered Agent**  
 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: *Alan M Mones*                      DATE: *1/7/2002*  
Signature, typed or printed name of registered agent and title if applicable.                      (NOTE: Registered Agent signature required when reinstating)                      DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.                       **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	DPST	<input type="checkbox"/> Delete
NAME	MONES, ALAN M	
STREET ADDRESS	4211 N LOIS AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	DV	<input type="checkbox"/> Delete
NAME	COLBERT, THOMAS D	
STREET ADDRESS	4211 N LOIS AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SANDS, THELMA D	
STREET ADDRESS	4211 N LOIS AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 reports 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employed.

SIGNATURE: *Alan M Mones*                      DATE: *1/7/2002*                      (813) 878-7363  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #

CR2E037 (9/01)