

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 06, 2003 8:00 am**  
**Secretary of State**

01-06-2003 90043 014 \*\*\*\*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 **59-3688871**      Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MONES, ALAN M**  
**4211 N LOIS AVE**  
**TAMPA FL 33614**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                   |  |
|----------------|-------------------|--|
| 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 checked="" type="checkbox"/> Delete |
| NAME           | COLBERT, THOMAS D |  |
| STREET ADDRESS | 4211 N LOIS AVE   |  |
| CITY-ST-ZIP    | TAMPA FL 33614    |  |
| TITLE          | DV                | <input checked="" 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    |                   |  |
| TITLE          |                   | <input type="checkbox"/> Delete            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |

|                |                  |  |
|----------------|------------------|--|
| TITLE          |                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                  |  |
| STREET ADDRESS |                  |  |
| CITY-ST-ZIP    |                  |  |
| TITLE          | DV               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | WILSON, MARCUS K |  |
| STREET ADDRESS | 4211 N LOIS AVE  |  |
| CITY-ST-ZIP    | TAMPA FL 33614   |  |
| TITLE          | DV               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | WILCOX, ELLEN S  |  |
| STREET ADDRESS | 4211 N LOIS AVE  |  |
| CITY-ST-ZIP    | TAMPA FL 33614   |  |
| 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 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 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 empowered.

SIGNATURE: *Alan M. Mones*      **Alan M. Mones**      President      1/4/2003      (813) 878-7363

CR2E037 (10/02)