

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000026938

**Entity Name:** CENTER FOR ADVANCED PUBLIC SAFETY INFORMATION  
TECHNOLOGIES, INC.

**FILED**  
**Jan 11, 2014**  
**Secretary of State**  
**CC3043160392**

**Current Principal Place of Business:**

450-106 S.R. 13 NORTH  
#114  
JACKSONVILLE, FL 32259

**Current Mailing Address:**

450-106 S.R. 13 NORTH  
#114  
JACKSONVILLE, FL 32259 US

**FEI Number: 91-2185635**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SMOTRITSKY, MICHAEL B  
450-106 SR 13N  
UNIT 114  
JACKSONVILLE, FL 32259 US

*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title MR  
Name PORTER, SCOTT B  
Address 450-106 S.R. 13 NORTH #114  
City-State-Zip: JACKSONVILLE FL 32259

Title VP  
Name SMOTRITSKY, MICHAEL B  
Address 450-106 S.R. 13 NORTH #114  
City-State-Zip: JACKSONVILLE FL 32259

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE: SCOTT PORTER**

**PRESIDENT**

**01/11/2014**

Electronic Signature of Signing Officer/Director Detail

Date