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03-24-2003 90162 006 \*\*\*61.25

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

<b>DOCUMENT # 751967</b>					
1. Entity Name <b>HAROLD VOLUNTEER FIRE DEPARTMENT COMPANY, INC.</b>					
Principal Place of Business 6001 MILLER BLUFF ROAD MILTON, FL 32583-6990		Mailing Address 6001 MILLER BLUFF ROAD MILTON, FL 32583-6990			
2. Principal Place of Business		3. Mailing Address			
State, Apt. #, etc.		State, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1837172</b>	
Zip	Country	Zip	Country	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BELISLE, DON 11249 SILVERTON DR MILTON, FL 32583			Name: <b>Tirums, Paula</b> Street Address: <b>10409 Pinewood LN</b> City: <b>Milton, Fl</b> State: <b>FL</b> Zip Code: <b>32583</b>		
A. 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: <i>Paula M. Tirums</i> <small>Signature, typed or in bold name of registered agent and UBR # applicable. DATE: Registered Agent's signature accepted office retaining.</small>					
FILE AND PAY FEES TO: SECRETARY OF STATE		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 BY 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELISLE, DON		NAME	Paula Tirums	
STREET ADDRESS	11249 SILVERTON DR		STREET ADDRESS	10409 Pinewood LN	
CITY-ST-ZIP	MILTON, FL 32583		CITY-ST-ZIP	Milton, Fl 32583	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	/VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIRUMS, PAULA		NAME	Jed Griffith	
STREET ADDRESS	PO BOX 4045		STREET ADDRESS	7112 Santa Gertrudas	
CITY-ST-ZIP	MILTON, FL 32583		CITY-ST-ZIP	Milton, Fl 32583	
TITLE	\$	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, BEVERLY		NAME	Leon Tirums	
STREET ADDRESS	6301 DEATON BRIDGE RD	<i>SAME</i>	STREET ADDRESS	10409 Pinewood LN	
CITY-ST-ZIP	MILTON, FL 32583		CITY-ST-ZIP	Milton, Fl 32583	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, GERALD		NAME		
STREET ADDRESS	10329 W LAKE RD		STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 32583		CITY-ST-ZIP		
TITLE	DIR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLER, KAREN		NAME		
STREET ADDRESS	6940 MERTIS WAY	<i>SAME</i>	STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 32583		CITY-ST-ZIP		
TITLE	TEC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESSETTE, ELLEN		NAME		
STREET ADDRESS	10326 WEST LAKE ROAD	<i>SAME</i>	STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 32583		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)(f), 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 governor 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: <i>Paula M. Tirums</i> <i>Paula M. Tirums</i> Feb 29, 03 850-981-9353					

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CHECK HERE IF MAKING CHANGES

CR2037 (10/02)