

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90016 017 ****61.25

DOCUMENT # N94000004944

1. Entity Name

**HILLSBOROUGH COUNTY VOLUNTEER FIRE SERVICES ASSO
 CIATION, INC.**

Principal Place of Business

Mailing Address

2709 E HANNA AVE
 TAMPA FL 33610
 US

2709 E HANNA AVE
 TAMPA FL 33610
 US

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

59-3304622

Applied For

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

7. Name and Address of New Registered Agent

MERTENS, ROBERT
8208 ALAFIA RIDGE RD
RIVERVIEW FL 33569

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | MERTENS, ROBERT | |
| STREET ADDRESS | 8208 ALAFIA RIDGE RD | |
| CITY-ST-ZIP | RIVERVIEW FL 33569 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | DAVIS, WILEY | |
| STREET ADDRESS | 1529 TOUCHTON RD | |
| CITY-ST-ZIP | LUTZ FL 33549 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | GARRETT, FERRIS | |
| STREET ADDRESS | 602 LIGHTFOOT ROAD | |
| CITY-ST-ZIP | WIMAUMA FL 33598 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | HAZZARD, JEFFREY | |
| 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 | PD | <input checked="" 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 | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HAZZARD, JEFFREY | |
| STREET ADDRESS | 4401 PAWNEE PATH | |
| CITY-ST-ZIP | VALRICO, FL 33594 | |
| TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | VANETTEN, ROBERT | |
| STREET ADDRESS | 1706 KINGSWAY RD. | |
| CITY-ST-ZIP | SEFFNER, FL 33510 | |
| 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:

[Handwritten Signature]

2/20/02 813.276.8354

CR2E037 (9/01)