

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90010 007 ***550.00

0099198 AV

DOCUMENT # P95000059448

1. Entity Name
FIREMEN, INC.

Principal Place of Business

~~1750 RINGLING BLVD.~~
SARASOTA FL 34236
US

Mailing Address

~~1750 RINGLING BLVD.~~
SARASOTA FL 34236
US

2. Principal Place of Business

2033 MAIN ST, SUITE 304

Suite, Apt. #, etc.

3. Mailing Address

2033 MAIN ST.

Suite, Apt. #, etc.

SUITE 304

City & State

SARASOTA, FL.

City & State

SARASOTA, FL.

Zip

34237

Country

US

Zip

34237

Country

US

4. FEI Number

65-0598435

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FRENCH, C. TED
1750 RINGLING BLVD.
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name **C. TED FRENCH**

Street Address (P.O. Box Number is Not Acceptable)

2033 MAIN ST. - SUITE 304

City

SARASOTA

FL

Zip Code

34237

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

7-10-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **FRENCH, C. TED**
 STREET ADDRESS **1750 RINGLING BLVD. 2033 MAIN ST. - SUITE 304**
 CITY-ST-ZIP **SARASOTA FL 34236 34237**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

NOT REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-10-01

941-955-0908

CR2E034 (5/01)