

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2003 8:00 am
Secretary of State

09-03-2003 90020 026 ***150.00

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DOCUMENT # P95000059448

1. Entity Name
FIREMEN, INC.



Principal Place of Business
**2033 MAIN ST
SUITE 304
SARASOTA FL 34237
US**

Mailing Address
**2033 MAIN ST
SUITE 304
SARASOTA FL 34237
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 **65-0598435**

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

**FRENCH, C. TED
2033 MAIN ST
SUITE 304
SARASOTA FL 34237**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRENCH, C. TED 2033 MAIN ST., STE 304 SARASOTA FL 34237	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/03 **94-955-0908**
Date Daytime Phone #

CR2E034 (4/03)

Attachment

SUPLEE & SHEA, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

90153775
#P9500005-9448

T. Raymond Suplee, CPA
Norman J. Shea, III, CPA
Thomas R. Cramer, CPA
Joseph E. Rocklein, III, CPA

26 August 2003

Certified: 7002 2410 0001 6508 2334

Florida Department of Revenue
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: UNIFORM BUSINESS REPORT

Taxpayer Name: **Firemen, Inc.**

Taxpayer ID: **65-0598435**

Ladies & Gentlemen:

Enclosed please find a copy of the completed 2003 Uniform Business Report. Because the 1st UBR form was not received prior to the due date so that it could be filed in a timely manner, this form is being filed late. Enclosed is a check in the amount of \$150.

We respectfully request you consider the following:

- 1) The taxpayer relied on the state to send the 1st UBR form in time for the taxpayer to file by the due date.
- 2) The taxpayer did not intentionally fail to meet the due date for filing this form.
- 3) The taxpayer has always filed the UBR form on time, and has paid all fees on time.

Based on the above, we respectfully request you accept the UBR report as being timely filed along with the check in the amount of \$150.

Should you have further questions, please let us know.

Sincerely,

T. Raymond Suplee, CPA

TRS/mo

Enclosures