## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT# 740077**

Address:

City-St-Zip:

311 WILSON AVE

SATELLITE BEACH, FL 32937

Entity Name: SATELLITE BEACH VOLUNTEER FIRE DEPARTMENT, INC.

FILED Apr 04, 2002 8:00 AM Secretary of State

Current Pri	incipal Place o	of Business:	New Principal Place o	New Principal Place of Business:	
1390 SOUTH PATRICK DRIVE SATELLITE BCH., FL 32937					
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
1390 SOUTH PATRICK DRIVE SATELLITE BCH., FL 32937					
FEI Number:	59-1910783	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
GOLDBERG, JEFFREY 311 WILSON AVE SATELLITE BEACH, FL 32937 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 Agen	t	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ()E HANCOCH, STEV 130 NE 2ND ST. SATELLITE BEAG		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	VD () C TABATA, TY 155 SATELLITE A SATELLITE BEAC		Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD () E SHAFER, SARA 308 GLENWOOD SATELLITE BEAG		Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name:	TD () E	Delete FFREY	Title: ( Name:	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

04/04/2002 SIGNATURE: JEFFREY I. GOLDBERG TD