

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**  
03-02-2001 90088 030 \*\*\*158.75

**DOCUMENT # 299307**

1. Entity Name

**SOUTH ATLANTIC FIRE EQUIPMENT COMPANY, INC.**

Principal Place of Business

**5863 W BEAVER ST  
JACKSONVILLE FL 32254-2868  
US**

Mailing Address

**5863 W BEAVER ST  
JACKSONVILLE FL 32254-2868  
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 **59-1108348**

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

**BRYAN, THOMAS A  
4998 ARAPAHOE AVE  
JACKSONVILLE FL 32210**

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

*Thomas A. Bryan*

**THOMAS A. Bryan -**

**2-28-01**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D CIO</b>	<input type="checkbox"/> Delete
NAME	<b>BRYAN, SUE P</b>	
STREET ADDRESS	<b>3954 MCGIRTS BLVD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	
TITLE	<b>CEO</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BRYAN A W</b>	
STREET ADDRESS	<b>3954 MCGIRTS BLVD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	
TITLE	<b>PRA</b>	<input type="checkbox"/> Delete
NAME	<b>BRYAN, THOMAS A.</b>	
STREET ADDRESS	<b>4998 ARAPAHOE AVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>WOLF, ARTHUR G.</b>	
STREET ADDRESS	<b>2649 HANDS DR.</b>	
CITY-ST-ZIP	<b>GREEN COVE SPRGS. FL 32043</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>STANLEY, LINDA M</b>	
STREET ADDRESS	<b>1614 LOYOLA DR., N</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32218</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>IPOCK, JOHN T</b>	
STREET ADDRESS	<b>10850 MOWBRAY RD.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32221</b>	

TITLE	<b>TANYA M. GARLAND</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>5256 PALMER AVE.</b>	
STREET ADDRESS	<b>-Director</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL. 32210</b>	
TITLE	<b>GEORGE A. MODRAK</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>467 SELVA LAKES CRL.</b>	
STREET ADDRESS	<b>-Director</b>	
CITY-ST-ZIP	<b>Atlantic Beach, FL. 32233</b>	
TITLE	<b>JERRY STEVEN DEESE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>3625 GREEN ST.</b>	
STREET ADDRESS	<b>-Director</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL. 32205-5401</b>	
TITLE	<b>Bryan, Sue P. (add) as CIO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Director</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input 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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/28/01**

Date

**(904) 695-4200**

Daytime Phone #

CR2E034 (10/00)