

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90151 036 ***150.00

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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1108348**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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)

1-9-03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **D** ☐ Delete
NAME **BRYAN, SUE P**
STREET ADDRESS **3954 MCGIRTS BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

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

TITLE **S** ☐ Delete
NAME **GARLAND, TANYA**
STREET ADDRESS **5256 PALMER AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **V** ☒ Change ☐ Addition
NAME **TANYA GARLAND**
STREET ADDRESS **5256 PALMER AVE**
CITY-ST-ZIP **JAX., FL 32210**

TITLE **PRA** ☐ Delete
NAME **BRYAN, THOMAS A.**
STREET ADDRESS **4998 ARAPAHOE AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

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

TITLE **V** ☐ Delete
NAME **WOLF, ARTHUR G.**
STREET ADDRESS **2649 HANDS DR.**
CITY-ST-ZIP **GREEN COVE SPRGS. FL 32043**

TITLE **V (AMERITUS)** ☒ Change ☐ Addition
NAME **ARTHUR G. WOLF**
STREET ADDRESS **2649 HANDS DR.**
CITY-ST-ZIP **GREEN COVE SPRGS. FL - 32043**

TITLE **D** ☐ Delete
NAME **PARHAM, HAROLD DR**
STREET ADDRESS **5151 YACHT CLUB ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

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

TITLE **VPS** ☐ Delete
NAME **IPOCK, JOHN T**
STREET ADDRESS **10850 MOBREY ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE **V** ☒ Change ☐ Addition
NAME **JOHN T. IPOCK**
STREET ADDRESS **10850 MOBREY ROAD**
CITY-ST-ZIP **JAX., FL - 32221**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-03

(904) 695-4200

Date

Daytime Phone #

CR2E034 (10/02)