

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2002 8:00 am**  
**Secretary of State**

09-02-2002 90143 038 \*\*\*550.00

**DOCUMENT # 518103**

1. Entity Name  
**ORLANDO FIRE EQUIPMENT COMPANY, INC.**

Principal Place of Business

**3220 37TH ST  
 ORLANDO FL 32839  
 US**

Mailing Address

**3220 37TH ST  
 ORLANDO FL 32839  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1702875**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEADER, RICHARD  
 3010 BLUFFTON COVE  
 OVIEDO FL 32822**

Name

**Leader, Richard**

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

**905 Copperfield Terrace**

City

**Casselberry**

FL

Zip Code

**32707**

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)

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 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Delete  
 NAME **TRYTEK, FRANK**  
 STREET ADDRESS **5205 CONCH COURT**  
 CITY-ST-ZIP **ORLANDO FL 32819-7561**

TITLE **PT** ☒ Change ☐ Addition  
 NAME **Frank Trytek**  
 STREET ADDRESS **4978 Washington Street**  
 CITY-ST-ZIP **Orlando, FL 32819**

TITLE **VPS** ☐ Delete  
 NAME **LEADER, RICHARD**  
 STREET ADDRESS **3010 BLUFFTON COVE**  
 CITY-ST-ZIP **OVIEDO FL 32822**

TITLE **VPS** ☒ Change ☐ Addition  
 NAME **Richard Leader**  
 STREET ADDRESS **905 Copperfield Terrace**  
 CITY-ST-ZIP **Casselberry, FL 32707**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ 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:

**RICHARD LEADER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-27-02**

Date

**321-436-7924**

Daytime Phone #

CR2E034 (4/02)