2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State
01-28-2000 90145 026 ****61.25

DOCUMENT # 706349

1. Entity Name

FLORIDA FIRE EQUIPMENT DEALERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
502 E. JEFFERSON ST. TALLAHASSEE FL 32301 US	P.O. BOX 11254 TALLAHASSEE FL 32302-3254 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1530 Metropolitan Blvd	1530 Metropolitan Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee FL	City & State: Tallahassee FL
Zip: 32308 Country: USA	Zip: 32308 Country: USA

4. FEI Number ~~65-0080798~~ 59-3576784 ☐ Applied For ☐ Not Applicable

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
ALLIGOOD, BO 319 RACETRACK RD. NE FT. WALTON BEACH FL 32547	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JOHNSON, WILLIAM D 118 NORTH SERVICE ST LAKE PLACID FL	☐ Delete	D	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP AIELLO, DENNIS 3312 NW 47TH AVE. COCONUT GROVE FL 33063	☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LAMOS, CHARLENE 1800 ACME ST. ORLANDO FL 32805	☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BOBIK, CONNIE A 9430 TAFT VINELAND RD. ORLANDO FL 32827	☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	P Alligood, Bo 319 Racetrack Rd NE Ft Walton Beach FL 32547	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E037 (9/99)

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 617, 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: Charlene Lamos SIGNATURE REQUIRED 1/21/00 (407) 246-8855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #