2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State
04-24-2002 90403 034 ****61.25

DOCUMENT # 706349

1. Entity Name

FLORIDA FIRE EQUIPMENT DEALERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1530 METROPOLITAN BLVD TALLAHASSEE FL 32308 US	1530 METROPOLITAN BLVD TALLAHASSEE FL 32308 US

DO NOT WRITE IN THIS SPACE

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 59-3576784 ☐ Applied For ☐ Not Applicable

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

~~6. Name and Address of Current Registered Agent~~

JOHNSON, WILLIAM D
118 NORTH SERVICE STREET
LAKE PLACID FL 33852

~~7. Name and Address of New Registered Agent~~

Name: Michael R. Willis Sr.
Street Address (P.O. Box Number is Not Acceptable): 3491 E Hinson Ave
City: Haines City FL Zip Code: 33844

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D JOHNSON, WILLIAM D 118 NORTH SERVICE ST LAKE PLACID FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Michael R. Willis, Sr. 3491 E Hinson Ave Haines City FL 33844	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP AIELLO, DENNIS 3312 NW 47TH AVE. COCONUT GROVE FL 33063	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V William D. Johnson 118 N Service St Lake Placid FL 33852	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LAMOS, CHARLENE 1800 ACME ST. ORLANDO FL 32805	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T J.T Ipock 5863 W Beaver St Jacksonville FL 32254	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BOBIK, CONNIE A 9430 TAFT VINELAND RD. ORLANDO FL 32827	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Charlene Lamos 1800 Acme St Orlando FL 32805-3606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ALLIGOOD, BO 319 RACETRACK RD NE FORT WALTON BEACH FL 32547	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dennis Aiello 4487 Carambola Cir S Coconut Creek FL 33066-2561	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bo Alligood 823 Navy St Ft Walton Beach FL 32547	☐ Change ☒ Addition

CR2E037 (9/01)

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: _____ 4/1/02 850-224-0711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR