2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State
02-13-2003 90231 006 ****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

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
WILLIS, MICHAEL R SR 3491 E HINSON AVE HAINES CITY FL 33844	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 Michael R. Willis Sr. - President — 02-09-2003
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 Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WILLS, MICHAEL R SR 3491 E HINSON AVE HAINES CITY FL 33844	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JOHNSON, WILLIAM D 118 N SERVICE ST LAKE PLACID FL 33852	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V J.T. Ipock 5863 W Beaver St Jacksonville FL 32254-2868 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T POCK, J.T. 5863 W BEAVER ST JACKSONVILLE FL 32254	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Dennis Aiello 4559 Carambola Cir S Coconut Creek FL 33066-2561 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LAMOS, CHARLENE 1800 ACME ST ORLANDO FL 32805-3606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Michael Bobik 3209 Knox McRae Dr Titusville FL 32780 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AIELLO, DENNIS 4487 CARAMBOLA CIR S POMPANO BEACH FL 33066-2561	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D John Gioseffi 101 SW 6th St Ft Lauderdale FL 33301 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALLIGOOD, BO 823 NAVY ST FORT WALTON BEACH FL 32547	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Paul Sherwood 37 Tupelo Ave Ft Walton Beach FL 32548 ☐ Change ☒ Addition

CR2E037 (10/02)

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: Michael R. Willis Sr. SIGNATURE REQUIRED Michael R. Willis Sr. 02/09/03 863-422-1516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #