

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90068 009 ****61.25

DOCUMENT # 709549

1. Entity Name

STOCK ISLAND VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

18 ROBERTA STREET, SI
 KEY WEST FL 33040

18 ROBERTA STREET, SI
 KEY WEST FL 33040

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

59-2239339

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOLSOM, WALLACE L.
26A 12TH AVE., S.I.
KEY WEST FL 33040

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	VD	<input type="checkbox"/> Delete
NAME	LAMBERSON, ALLAN T	
STREET ADDRESS	C12 9TH AVE S I	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	JARRELLS, KENNETH J	
STREET ADDRESS	14 LUNA LN B C	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GALLOWAY, MARIE L	
STREET ADDRESS	18 ROBERTA STREET SI	
CITY-ST-ZIP	KEY WEST FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALLOWAY, PAUL L.	
STREET ADDRESS	18 ROBERTA ST., SI.	
CITY-ST-ZIP	KEY WEST, FLORIDA 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FOLSOM, WALLACE L.	
STREET ADDRESS	26A-12TH AVENUE, SI	
CITY-ST-ZIP	KEY WEST, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARA, FRANK E	
STREET ADDRESS	101 ROYS TRL PRK SI	
CITY-ST-ZIP	KEY WEST, FL 00000	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Marie Galloway* Marie Galloway 4/18/02 305-296-3477
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)