2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721493 1. Entity Name CORK KANGLETS VOLUMETER FIRE DEPARTMENT. INC.						Jan 14, 2002 8:00 am Secretary of State					
CORK-K	NIGHTS VOLUNTEER FIRE D	EPARTME	NT, INC			01	-14-2002 90	066 001	****61.25	;	
Principal Plac	ce of Business	Mailing A	ddress								
5302 W. THONOTOSASSA PO BOX 1303 PLANT CITY FL 33565-8425		P.O. BOX 1303 PLANT CITY FL 33564-1303				- 90000 - 10000					
	Place of Business	3. Mailing	Address								
Suite, Apt	. #, etc. 	Suite,	Apt. #, etc.				DU NOT WRIT	E IN IMIS			,
City & Sta	te	City 8	State			4. FEI Number 5	9-1720887			plied For t Applicable	1
Zip	Country	Zip		Cou	ntry	5. Certificate of S			\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered /	Agent			7. Name and Ade	iress of New R	egistered			1
					Name						
WALKER, GERALD			Street Address			ess (P.O. Box Number is	Not Acceptable)			
4811 W B	•••••			İ	***						1
PLANT CI	TY FL 33566			•	City			FL	Zip Code	,	
8. The above	e named entity submits this statement for	or the purpose	e of changing its re	egistere	d office or reg	gistered agent, or both, in	the state of Flo	rida.			
SIGNATURE								5475			
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applical	ble. (NOTE:	Registered	Agent signature re	equired when reinstating)		DATE			
			oble. (NOTE: •9.~Election Camp Trust Fund Co	paign Fi	nancing -	\$5:00 May Be Added to Fees	1	ke Chec	k Payable ent of State		•
an de lange of the	Signature, typed or printed name of registered agent FILE NOW: FEE IS \$61.25	میں کی جانب	•9.~Election Camp	paign:Fi	nancing -	\$5:00 May Be Added to Fees	D	ke Chec epartme	ent of State		- -
	FILE NOW: FEE IS \$61.25 OFFICERS AND DI	میں کی جانب	•9.~Election Camp	paign Fi	nancing -	\$5:00 May Be	D	ke Chec epartme	ent of State		1/01)
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12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date