

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722757

1. Entity Name

PIONEER PLANTATION VOLUNTEER FIRE DEPT., INC.

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90038 008 ****61.25

Principal Place of Business

2499 HENDRY ISLES BLVD.
 RT. 2, BOX 1290
 CLEWISTON FL 33440
 US

Mailing Address

changed to:
 2499 HENDRY ISLES BLVD.
~~RT. 2, BOX 1290~~ 2499 Hendry Isles Blvd
 CLEWISTON FL 33440

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

59-2369541

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

TIMMS, EDITH
 2499 HENDRY ISLES BLVD.
 RT 2, BOX 1290
 CLEWISTON FL 33440

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

CK 1091

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

TITLE NAME	PD TIMMS, EDITH	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4550 23RD ST CLEWISTON FL	
TITLE NAME	SD ELIASSEN, MARTHA J	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	190 EAST TAMPA AVE CLEWISTON FL	
TITLE NAME	D CRUMB, SHIRLEY	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	FLAMINGO AVE CLEWISTON FL	
TITLE NAME	VD TIMMS, RAYMOND	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4550 23RD ST CLEWISTON FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Edith Timms **RECEIVED** Timms Chief

3-5-02

863-983-9533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)