

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90134 010 ****61.25

DOCUMENT # 741660

1. Entity Name

MEDART VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business

**2820 COASTAL HWY.
CRAWFORDVILLE FL 32327
US**

Mailing Address

**2820 COASTAL HWY.
CRAWFORDVILLE FL 32327
US**

60022768



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

2800 COASTAL HWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CRAWFORDVILLE FL

4. FEI Number **59-2956392**

Applied For

Not Applicable

Zip

Country

Zip

Country

32327

WAKULLA

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

PIGOTT, STEPHEN E.

2820 COASTAL HWY.

CRAWFORDVILLE FL 32327

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

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	PD	<input type="checkbox"/> Delete
NAME	PIGOTT, STEPHEN E	
STREET ADDRESS	2820 COASTAL HWY.	
CITY-ST-ZIP	CRAWFORDVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MORGAN, MIKE	
STREET ADDRESS	3140 COASTAL HWY.	
CITY-ST-ZIP	CRAWFORDVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, JESSE	
STREET ADDRESS	80 CARTER RD.	
CITY-ST-ZIP	CRAWFORDVILLE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	JONES, STEVE	
STREET ADDRESS	31 LAKE ELLEN SHORES	
CITY-ST-ZIP	CRAWFORDVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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		
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: **STEPHEN E. PIGOTT** 4-23-2003 850-926-5193

CR2E037 (10/02)