2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 744552

Entity Name: ELECTRA VOLUNTEER FIRE DEPARTMENT, INC.

FILED Feb 09, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5420 SE 180TH AVENUE RD. OKLAWAHA, FL 32179 **Current Mailing Address: New Mailing Address:** 5420 SE 180TH AVENUE RD. OKLAWAHA, FL 32179 FEI Number: 59-2635563 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BERKOWITZ, ALLEN 18349 SE 54TH PL OCKLAWAHA, FL 32179 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DANIEL, DEBRA Name: Name: 3650 SE 174TH CT Address: Address: City-St-Zip: OCKLAWAHA, FL 32179 City-St-Zip: Title: Title: () Change () Addition () Delete Name: BEHR, DAN Name: Address: 5871 SE 171 CT Address: City-St-Zip: OCKLAWAHA, FL 32179 City-St-Zip: Title: () Delete Title: (X) Change () Addition PAYETTE, DONNA Name: SKELLY, HELEN Name: 3685 SE 174TH CT. Address: Address: 6670 SE 171ST CT City-St-Zip: OCKLAWAHA, FL 32179 City-St-Zip: OCKLAWAHA, FL 32179 Title: () Delete Title: () Change () Addition Name: PEDDYCORD, JIM Name: Address: 7032 SE 170 AVE RD Address: City-St-Zip: OCKLAWAHA, FL 32179 City-St-Zip: Title: () Delete Title: () Change () Addition BERKOWITZ, ALLEN Name: Name: 18349 SE 54TH PL Address: Address: City-St-Zip: OCKLAWAHA, FL 32179 City-St-Zip: Title: () Delete Title: (X) Change () Addition CRUTCHFIELD, JOHN SKELLY, RICK Name: Name: Address: P O BOX 237/17277 SE 66 LN. Address: 6670 SE 171ST CT

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

OCKLAWAHA, FL 32179

SIGNATURE: ALLEN BERKOWITZ P 02/09/2002

OCKLAWAHA, FL 32179

City-St-Zip: