

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

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90248 034 \*\*\*\*70.00

**DOCUMENT # 751919**

1. Entity Name

**HAWTHORNE FIREFIGHTER'S AIDE, INC.**



Principal Place of Business

**22200 S.E. 57 AVE.  
PO BOX 1131  
HAWTHORNE FL 32640  
US**

Mailing Address

**SID MARTIN HIGHWAY  
PO BOX 1131  
HAWTHORNE FL 32640  
US**

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 **59-3006843**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**EDWARDS, BEVERLY  
22513 SE 61ST AVENUE  
P.O. BOX 1305  
HAWTHORNE FL 32640**

7. Name and Address of New Registered Agent

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.

2-19-03

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

TITLE **TD** ☐ Delete  
NAME **EDWARDS, BEVERLY**  
STREET ADDRESS **22513 SE 61ST AVE/ PO BOX 1305**  
CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE **SD** ☐ Delete  
NAME **SMITH, JUDY**  
STREET ADDRESS **133 STEVEN DR**  
CITY-ST-ZIP **INTERLACHEN FL 32148**

TITLE **P** ☒ Delete  
NAME **MORRIS, PEGGY**  
STREET ADDRESS **134 FAYE ST**  
CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE **VD** ☐ Delete  
NAME **LUSK, ELLY**  
STREET ADDRESS **204 ASH STREET**  
CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **P LUSK, ELLY**  
STREET ADDRESS **204 ASH STREET**  
CITY-ST-ZIP **HAWTHORNE FL. 32640**

TITLE ☐ Change ☒ Addition  
NAME **VD DYNIE ORTEGA**  
STREET ADDRESS **22513 SE 61st Ave/PO BOX 1305**  
CITY-ST-ZIP **HAWTHORNE FL. 32640**

TITLE ☐ Change ☒ Addition  
NAME **VD MICHAEL CANTELON**  
STREET ADDRESS **6840 S.E. 221st Street**  
CITY-ST-ZIP **HAWTHORNE FL. 32640**

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: **BEVERLY EDWARDS** Beverly Edwards

2-19-03

352 481-3329

CR2E037 (10/02)