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

## FILED Mar 19, 2003 8:00 am Secretary of State

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DOCUMENT # 752914  1. Entity Name  FLORIDA FIRE INSPECTORS ASSOCIATION, INC.					· :	JJU J		01.25
Principal Place of Business 3630 SW 13TH ST. MIAMS FL 33145-1008 US		Mailing Address 3630 SW 13TH ST. MIAMI FL 33145-1008 US			+ + + + + + + + + + + + + + + + + + +	1818   1818   1818   1818	ISII AIRII RZRII AIRII A	EJI BJANI JAAN
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-2021428 Applied For Not Applicable				
Zip Country		Zip	Country		5. Certificate of Stat	us Desired	CQ 75	lditionat
	6. Name and Address of Current	Registered Agent			7. Name and Addre	ss of New Regist	ered Agent	
Name Name								.
	G, KATHY 1. 13TH STREET	Str	Street Address (P.O. Box Number is Not Acceptable)					
MLAMI FL	. 33 143		Cit	у	•		FL Zip Coc	de
the obligate	e named entity submits this statement for tions of registered agent.  Signature, typed or printed name of registered agent a  FILE NOW: FEE IS \$61.25  OFFICERS AND DIR	9. Election Carr Trust Fund Ca	Registered Agent	signature required		Make C Florida De	heck Payable	to State
NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL	D	NAME STREET ADDI CITY-ST-ZIP	ness 🗠	-Same			Addition 8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON-GERMAN, ORI 18533 SW 89 PLACE MIAMI FL 33157	Delete	TITLE NAME STREET ADDR CITY-ST-2/P	iess (	-Same		☐ Change	Addition 8
TITLE NAME STREET ADORESS CITY-ST-ZIP	TDS SHOMERS, CLARENCE L 14325 NE 8 AVE MIANII FL 33161	Defete	TITLE NAME STREET ADDR		SAME	į.	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEBRING FL 33872	☑ Defete	TITLE NAME STREET ADDR	CHA	VP RLES DA OSW13- Ami FLA	VIS STREET 33145-	Ø Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHERLOCK, THOMAS 10910 SEA HIBICUS LIN TAMARAC FL	•	TITLE NAME STREET ADDR CITY-ST-ZIP	<sup>28</sup>   36.3	VP ERT YOUN SO SW13 OMI FLA	STREET	⊒ change D DOB	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ess			☐ Change	☐ Addition

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 of 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 to the corporation of the receiver of the corporation of the receiver of 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 of the receiver of the corporation of the receiver of the corpor

SIGNATURE: