2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 07, 2002 8:00 am **DOCUMENT # 770654 Secretary of State** 1. Entity Name MCALPIN VOLUNTEER FIRE DEPARTMENT, INC. 02-07-2002 90053 010 ****61.25 Mailing Address Principal Place of Business POST OFFICE BOX 87 POST OFFICE BOX 87 MCALPIN FL 32062 MCALPIN FL 32062 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2859721 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired wannee Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent 200 r THOMPSON, JAMES C JR RT 3 BOX 327-9500 HWY 252E MCALPIN FL 33062 Zip Code 32062 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 agent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Œ Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. (9/01) Delete TITLE TITLE Change ☐ Addition and Copper THOMPSON, JAMES C JR NAME NAME RT 3 BOX 327-9500 HWY 252C Central STREET ADDRESS STREET ADDRESS MCALPIN FL CITY-ST-ZIP CITY-ST-ZIP DVST Delete Change TITLE TITLE Addition THOMPSON, JAMES C NAME NAME P.O. BOX 180 17828 HWY 129 SOUTH STREET ADDRESS STREET ADDRESS Hury MCALPIN FL CITY-ST-ZIP CITY-ST-ZIP **D**elete TIT! F Change - Addition TITLE Miggin button DOUGLAS, CARL JR NAME NAME 11712 156TH ST STREET ADDRESS STREET ADDRESS MCALPIN FL 32062 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 of an address, with all other like empowered.

SIGNATURE: