2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **F93000005690** Mar 04, 2000 8:00 am **Secretary of State** LUVERNE FIRE APPARATUS CO., LTD. 03-04-2000 90054 008 ***150.00 Principal Place of Business Mailing Address 1209 E. BIRCH STREET 1209 E. BIRCH STREET-BRANDON SD 57005-2002 BRANDON SD 57005-2003 810345 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 46-0416545 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILNES, ROBERT B elete Street Address (P.O. Box Number is Not Acceptable) 300 VISCAYA AVENUE **CORAL GABLES FL 33134** 8. The above n entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida **SIGNATURE** DATE egistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PRESIDENT M Change ☐ Addition Delete TITLE NAME JEFF LAUTT NAME MARKETON, WILLIAM 1209 E. BIRCH STREET ADDRESS STREET ADDRESS 1209 E. BIRCH CITY-ST-ZIP CITY-ST-ZIP BRANDON **BRANDON SD** Addition Change ☐ Delete TITLE NAME SZTYKIEL, GEORGE STREET ADDRESS STREET ADDRESS 1000 REYNOLDS RD CITY-ST-ZIP CITY-ST-ZIP **CHARLOTTE MI 48813** ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME SCHALTER, RICH STREET ADDRESS STREET ADDRESS 1000 REYNOLDS RD CITY-ST-ZIP CITY-ST-ZIP **CHARLOTTE MI 48813** Delete ☐ Addition TITLE Change TITLE NAME NAME HEMENSNWAY, RAY STREET ADDRESS STREET ADDRESS 1209 E BIRCH ST CITY-ST-ZIP CITY-ST-7IP **BRANDON SD 57005** ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true at of the corporation or the receiver or frustee empowered. does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachme ner like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #