

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90065 046 ***150.00

DOCUMENT # F93000005690

1. Entity Name

LIVERNE FIRE APPARATUS CO., LTD.

Principal Place of Business

**1209 E. BIRCH STREET
 BRANDON SD 57005-2003**

Mailing Address

**1209 E. BIRCH STREET
 BRANDON SD 57005-2003**

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

46-0416545

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOOD, JOE
 8500 NW 30TH TERRACE
 MIAMI FL 33122**

FAST
 Street Address (P.O. Box Number is Not Acceptable)
16 Pecan Run
Ocala FL
 City **FL** Zip Code **34472**

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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LAUTT, JEFF	
STREET ADDRESS	1209 E BIRCH ST	
CITY-ST-ZIP	BRANDON SD	
TITLE	C	<input type="checkbox"/> Delete
NAME	SZTYKIEL, GEORGE	
STREET ADDRESS	1000 REYNOLDS RD	
CITY-ST-ZIP	CHARLOTTE MI 48813	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SCHALTER, RICH	
STREET ADDRESS	1000 REYNOLDS RD	
CITY-ST-ZIP	CHARLOTTE MI 48813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

President

1-9-02

(605) 582 2300

Date

Daytime Phone #

0626690 AB

CR2E034 (9/01)