2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000021274

1. Entity Name

PRESCRIBED FIRE SERVICES, LLC

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FILED Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90182 038 ****50.00

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Principal Plac	ce of Business	Mailing Address			7				
174 PECKHAM ST. NE 174 PECKHAM ST. NE									
PALM BAY FL 32907		PALM BAY FL 32907							
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Principal Place of Business						011 611 03191 11011 00111 01 111			
Suite, Apt. #, etc. Suite, Apt. #, etc.						_			
Guito, Apr. #, oto.						☐ CHECK HERE	IF MAKING	CHANGES	
City & State	e	City & State			4. FEi Num	ber		IA.	oplied For
					0.	3 <i>0</i> 3 <i>966</i> 7	7/	No	ot Applicable
Zip Country		Zip	Zip Country				;		
								<u></u>	ed
	6. Name and Address of Curre	ent Registered Agent		NI	7. Name a	nd Address of New R	egistered A	gent	
PRU	ISAK, ZACHARY A			-Name					
174 PECKHAM ST. NE				Street Address (P.O. Box Number is Not Acceptable)					
	M BAY FL 32907		1			·····			
'''	W 2/11 1 E 02007								
			ł	City				Zip Cod	 le
								<u></u>	
	enamed entity submits this statemen tions of registered agent.	t for the purpose of changing i	its registere	d office or regist	tered agent, or b	oth, in the State of Flo	rida. Lam fa	amiliar with,	and accept
i i i obligat	none of registeres agont.								
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title it applicable (NC	OTF: Registered	Agent signature requir	ired when reinstation)		DATE		
									
		<u>:</u>		EE IS \$50.00	FL Zip Code Itered agent, or both, in the State of Florida. It am familiar with, and accept Itered when reinstating) DATE Onent of State ADDITIONS/CHANGES Change Addition Change Addition Change Addition Change Addition Change Addition				
		Make Check Paya			nent of State	11		•	
			ue By Ma	y 1, 2003					
9.		BERS/MANAGERS	10.			ADDITIONS/			
TITLE	MGR	☐ Delete	TITLE				•	Change	Addition
NAME STREET ADDRESS	PRUSAK, ZACHARY A 174 PECKHAM ST. NE		NAME	T ADDRESS					
CITY-ST-ZIP	PALM BAY FL 32907			ST-ZIP					
TITLE	FALM DAT FE 32907							Channa	[] Addition
NAME [☐ Delete	TITLE NAME					☐ Change	€ HOOMION
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP				ST-ZIP					
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CITY-ST-ZIP			CITY-	ST-ZIP					
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NAME			NAME						
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CITY-ST-ZIP			CITY-	ST-ZIP					
TITLE		☐ Delete	TITLE	1				☐ Change	☐ Addition
NAME			NAME	1					
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CITY-ST-ZIP	<u> </u>		CITY-	ST-ZIP	·				
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME	1		NAME						
STREET ADDRESS CITY-ST-ZIP			1	T ADDRESS ST-ZIP					
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ii. I nereby c	certify that the information supplied v	vith this filing does not qualify f	or the exem	ption stated in S	Section 119.07(3	i)(i), Florida Statutes. I	turther certi	ry that the ir	ntormation

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.