

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90137 033 ****70.00

DOCUMENT # N00000004698

1. Entity Name

INDEPENDANT FIRE AND RESCUE INC.

Principal Place of Business

**PO BOX 381
 OXFORD FL 34484**

Mailing Address

**PO BOX 381
 OXFORD FL 34484**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3691159

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KUHNS, J.C.
 2045 CR 204
 OXFORD FL 34484**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D / C.H.** ☐ Delete
 NAME **KUHNS, J.C.**
 STREET ADDRESS **PO BOX 381**
 CITY-ST-ZIP **OXFORD FL 34484**

TITLE **F.F.** ☐ Change ☒ Addition
 NAME **Billy Law**
 STREET ADDRESS **2464 CR. 204**
 CITY-ST-ZIP **OXFORD, FL 34484**

TITLE **D** ☐ Delete
 NAME **KUHNS, JOE**
 STREET ADDRESS **PO BOX 381**
 CITY-ST-ZIP **OXFORD FL 34484**

TITLE **F.F.** ☐ Change ☒ Addition
 NAME **Roger Whaley**
 STREET ADDRESS **PO BOX 12**
 CITY-ST-ZIP **OXFORD, FL 34484**

TITLE **D / E.M.T** ☐ Delete
 NAME **THALGOTT, JAMES A**
 STREET ADDRESS **PO BOX 426**
 CITY-ST-ZIP **OXFORD FL 34484**

TITLE **Rehab.** ☐ Change ☒ Addition
 NAME **Malcy Helene**
 STREET ADDRESS **PO BOX 439**
 CITY-ST-ZIP **OXFORD, FL 34484**

TITLE **D** ☐ Delete
 NAME **PUMPHERY, PAUL**
 STREET ADDRESS **604 N OLD WIRE ROAD**
 CITY-ST-ZIP **WILDWOOD FL 34785**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **EWAN, KENNETH**
 STREET ADDRESS **212 E MCCLENDON ST**
 CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SL** ☐ Delete
 NAME **SAMS, BRIAN**
 STREET ADDRESS **8643 CR 631 B**
 CITY-ST-ZIP **BUSHNELL FL 33513**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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.

SIGNATURE:

SIGNATURE REQUIRED IF
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-16-02

Date

1-352-748-1129

Daytime Phone #

CR2E037 (9/01)