9/12/01-90107-~~022-$550.00-$550.00~~
029 $61.25

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 SEP 26 PM 1:23

DOCUMENT # N00000007297

1. Entity Name

FLORIDA FIREFIGHTER GAMES, INC.

(NA)

Principal Place of Business	Mailing Address
14276 HAGEN RANCH RD DELRAY BCH FL 33446	~~14276 HAGEN RANCH RD~~ ~~DELRAY BCH FL 33446~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1525 TRIANGLE DR Suite, Apt. #, etc.
City & State	City & State: Mount DORA, F
Zip / Country	Zip: 32757 / Country: USA

4. FEI Number: 59-3686219 ☐ Applied For ☐ Not Applicable

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
SORENSEN, KATHERINE L 1525 TRIANGLE DR MOUNT DORA FL 32757	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: Katherine L. Sorensen 8/2/01
(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
After September 12, 2001, min. will be $236.25

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. (1) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LANCEY, BRYAN P 3281 E GOLF BLVD #2 POMPANO FL 33064	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Lowell "Blackie" Ballas 500 Lake Francis Rd. Lake Placid, FL 33852
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FV PENA, ORLANDO 10950 NW 64TH DR PARKLAND FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP (2)	D (same)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SV STABLES, JAMES 2882 DIETRICH AVE SE PALM BAY FL 32909	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SCHERR, SCOTT 360 LAKEKATHRYN CIR CASSELBERRY FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP (3)	S (same)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LUCA, JOHN 6270 NW 41ST TERR COCONUT CREEK FL 33073	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP (4)	Craig Mueller 2719 S.E. 23 Ave. Ocala, FL 34471
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition $61.25

CR2E037 (5/01)

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 Craig Mueller 9/10/01 352-351-9523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #