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

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007297

1. Entity Name

FLORIDA FIREFIGHTER GAMES, INC.

(NA)

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

| Principal Place of Business | Mailing Address |
|---|---|
| 14276 HAGEN RANCH RD<br>DELRAY BCH FL 33246 | ~~14276 HAGEN RANCH RD~~<br>~~DELRAY BCH FL 33246~~ |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address 1525 TRIANGLE DR |
|---|---|
| Suite, Apt. #, etc. | 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<br>1525 TRIANGLE DR<br>MOUNT DORA FL 32757 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 — 8/3/01
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<br>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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|
| TITLE | P ☒ Delete | TITLE (1) | P ☐ Change ☒ Addition |
| NAME | LANCEY, BRYAN P | NAME | Lowell "Blackie" Ballas |
| STREET ADDRESS | 3281 E GOLF BLVD #2 | STREET ADDRESS | 500 Lake Francis Rd. |
| CITY-ST-ZIP | POMPANO FL 33064 | CITY-ST-ZIP | Lake Placid, Fl 33852 |
| TITLE | FV ☐ Delete | TITLE (2) | D ☐ Change ☐ Addition |
| NAME | PENA, ORLANDO | NAME | (same) |
| STREET ADDRESS | 10950 NW 64TH DR | STREET ADDRESS | |
| CITY-ST-ZIP | PARKLAND FL 33351 | CITY-ST-ZIP | |
| TITLE | SV ☒ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | STABLES, JAMES | NAME | |
| STREET ADDRESS | 2882 DIETRICH AVE SE | STREET ADDRESS | |
| CITY-ST-ZIP | PALM BAY FL 32909 | CITY-ST-ZIP | |
| TITLE | S ☐ Delete | TITLE (3) | S ☐ Change ☐ Addition |
| NAME | SCHERR, SCOTT | NAME | (same) |
| STREET ADDRESS | 360 LAKEKATHRYN CIR | STREET ADDRESS | |
| CITY-ST-ZIP | CASSELBERRY FL 32707 | CITY-ST-ZIP | |
| TITLE | T ☒ Delete | TITLE (4) | ☐ Change ☒ Addition |
| NAME | LUCA, JOHN | NAME | Craig Mueller |
| STREET ADDRESS | 6270 NW 41ST TERR | STREET ADDRESS | 2719 S.E. 23 Ave. |
| CITY-ST-ZIP | COCONUT CREEK FL 33073 | CITY-ST-ZIP | Ocala, Fl 34471 |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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 #