

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000000855

Entity Name

WALKARIA VOLUNTEER FIRE RESCUE, INC.

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-20-2002 90156 012 ****61.25

Principal Place of Business 21 SAPELO AVENUE SE PALM BAY FL 32909	Mailing Address 2101 SAPELO AVENUE SE PALM BAY FL 32909
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Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3690353	Applied For Not Applicable
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6. Name and Address of Current Registered Agent EASTWOOD, STEVEN R 2121 SAPELO AVENUE SE PALM BAY FL 32909	7. Name and Address of New Registered Agent Name: STEVEN R. EASTWOOD Street Address (P.O. Box Number is Not Acceptable): 2101 SAPELO AVENUE SE City: PALM Bay FL Zip Code: 32909
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The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: [Signature] STEVEN R. EASTWOOD 1/16/02
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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
FILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
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2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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] STEVEN R. EASTWOOD PRES. 1/16/02 341-84-8579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)