

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90104 027 *****61.25

DOCUMENT # N02000004695

1. Entity Name

HILLSBOROUGH COUNTY FIREFIGHTER AUXILIARY, INC.



Principal Place of Business

**29419 SEA DAHLIA PASS
WESLEY CHAPEL FL 33543**

Mailing Address

**29419 SEA DAHLIA PASS
WESLEY CHAPEL FL 33543**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-1965052

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOLES, AIMEE V

**29419 SEA DAHLIA PASS
WESLEY CHAPEL FL 33543**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Aimee V. Boles

1/28/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BOLES, AIMEE V**
STREET ADDRESS **29419 SEA DAHLIA PASS**
CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

TITLE **D** ☒ Delete
NAME **HALLMAN, PAM**
STREET ADDRESS **13510 GREENTREE DRIVE**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **D** ☒ Delete
NAME **HEITLER, JANET**
STREET ADDRESS **8106 NORTH ALBANY**
CITY-ST-ZIP **TAMPA FL 33604**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **D** ☐ Change ☒ Addition
NAME **CAMERON, TERESA**
STREET ADDRESS **1816 SOUTH RIDGE DRIVE**
CITY-ST-ZIP **VALrico FL 33594**

TITLE **D** ☐ Change ☒ Addition
NAME **Roberts, Lori**
STREET ADDRESS **405 BON AIRE AVE**
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

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

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

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:

Aimee V. Boles **REQUIRED**

1/28/03

918-1947(813)

CR2037 (10/02)