FILED
Jun 27, 2002 8:00 am
Secretary of State
04-11-2002 90065 010 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

95217

DO NOT WRITE IN THIS SPACE

DOCUMENT # N08757

1. Entity Name

INTERNATIONAL SOCIETY OF FIRE SERVICE INSTRUCTOR S - FLORIDA CHAPTER, INC.

Principal Place of Business	Mailing Address
821 N US 1 SUITE B ORMOND BEACH FL 32174 US	821 N US 1 SUITE B ORMOND BEACH FL 32174 US

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 59-2763158 ☐ 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
SCOVOTTO SLOVOTTO, LAWRENCE E 821 N US 1 SUITE B ORMOND BEACH FL 32174	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P TALBERT, RICK 6450 ABISCO RD COCOA FL 32927	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RANDOLPH, M 2305 ALISTIR LN TALL FL 32312	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RANDOLPH, MIKE 2305 ALISTER LN TALLAHASSEE, FL 32312 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MCMICHAEL, WILLIAM M 1171 SEDEEVA ST CLEARWATER FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KEMP, MICHAEL W. 1426-C SW 25TH AVE BOYNTON BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEBB, RICHARD 4404 COBALT ST PALATKA FL 32177	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Webb, Richard 4404 COBALT ST PALATKA, FL 32177 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD SLOVOTTO, LAWRENCE E 821 N US 1 SUITE B ORMOND BEACH FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD SCOVOTTO, LAWRENCE 821 N. US 1, Suite B ORMOND Beach FL 32174 ☑ Change ☐ Addition

CR2E037 (9/01)

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: Lawrence Slovotto SLOVOTTO, LAWRENCE E 4/4/02 3866762744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #