

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

FILED
Jun 30, 2002 8:00 am
Secretary of State

06-30-2002 90230 003 ****61.25

DOCUMENT # **N 20427**

1. Entity Name

OLD MIAKKA FIRE + RESCUE ADR. INC.

DO NOT WRITE IN THIS SPACE

80126348

2. Principal Place of Business

15911 RAWLS RD

3. Mailing Address

15911 RAWLS RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

65-0066881

Applied For

Not Applicable

Zip

34240

Country

Zip

34240

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOHN A. RICHARDSON

Street Address (P.O. Box Number is Not Acceptable)

15911 RAWLS RD

City

SARASOTA

FL

Zip Code

34240

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IN THIS SPACE**

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

John P. Richardson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/27/02

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SAME

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

John P. Richardson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/02

Date

941-322-1498

Daytime Phone #

Name & Address	Title
RICHARDSON, JOHN PETE 16150 MANES RD. SARASOTA FL	PD
DUGGAN, MAURIE A. 551 MYAKKA ROAD SARASOTA FL	VTD
RICHARDSON, ELLEN 16150 MANES RD. SARASOTA FL	SD
DUGGAN, DENNIS J 551 MYAKKA RD. SARASOTA FL	D

Attachment
Document #
N20427
B0126348

Annual Reports

Report Year	Filed Date	Intangible Tax
1999	08/06/1999	
2000	01/18/2000	
2001	01/25/2001	

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No Name History Information

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