

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # N20805

1. Entity Name

SPACE COAST PROFESSIONAL FIRE FIGHTERS, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

04-10-2000 90167 022 ****61.25

Principal Place of Business

Mailing Address

~~210 RIVINGTON BLVD~~ **2602 E. MERRITT**
~~CLINT 400~~ **ISLAND CSWY. #15**
~~2000 FL 32952~~ **P. O. BOX 1717**
~~US~~ **COCOA FL 32923-1717**
US **32952**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2917860

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOYER, DAVID
262 E.M.I. CSWY #15
MIAMI FL 33952

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

3-30-00

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **PD PIERCE, DALE**
STREET ADDRESS **3452 ECHO RIDGE PL**
CITY-ST-ZIP **COCOA FL**

TITLE ☒ Delete
NAME **VD WILLIAMS, DAVID C.**
STREET ADDRESS **2700 DONNA DR**
CITY-ST-ZIP **TITUSVILLE FL**

TITLE **D** ☐ Delete
NAME **STD MORISSETTE, BRUCE**
STREET ADDRESS **4937 BUTTWOOD DR**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE ☒ Delete
NAME **STD ENNIS, BOB**
STREET ADDRESS **987 WAGLE DR**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **T** ☒ Change ☐ Addition
NAME **DONNY PIERCE V.P.**
STREET ADDRESS **4597 SEATTLE ST.**
CITY-ST-ZIP **PORT ST. JOHN 32927**

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

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)