2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90084 021 ****61.25

DOCUMENT # N20805

1. Entity Name

SPACE COAST PROFESSIONAL FIRE FIGHTERS, INC.

Principal Place of Business	Mailing Address
262 E MERRITT BLAND CSWY # 15 MERRITT ISLAND FL 32952 US	P. O. BOX 1717 COCOA FL 32923-1717 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2425 N. Courtenay Pkwy	P.O. Box 236156
Suite, Apt. #, etc.: Suite 11	Suite, Apt. #, etc.
City & State: Merritt Island, FL	City & State: Cocoa, FL
Zip: 32952 Country: Brevard	Zip: 32923 Country: Brevard

4. FEI Number 59-2917860 ☐ Applied For ☐ Not Applicable

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): 2425 N. Courtenay Pkwy Suite 11

City: Merritt Island FL Zip Code: 32952

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: Dale R. Pierce Dale Pierce, President 4-1-01

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PIERCE, DALE 3452 ECHO RIDGE PL COCOA FL	☐ Delete	☒ Change ☐ Addition	3431 Grassy Bluff Place Cocoa, FL 32926
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WILLIAMS, DAVID C. 2700 DONNA DR TITUSVILLE FL	☒ Delete	☐ Change ☒ Addition	Don Pierce 4697 Scarlet St Cocoa FL 32927
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MORISETTE, BRUCE 4937 BUTTONWOOD DR MELBOURNE FL 32940	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD ENNIS, BOB 987 WAGLE DR ROCKLEDGE FL 32955	☒ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	

CR2E037 (10/00)

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: Dale Pierce SIGNATURE REQUIRED 4-1-01 632-6648

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #