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	7. Name and Address of New Registered Agent
BOYER, DAVID 262 E.M.I. CSWY #15 MIAMI FL 33952	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.

Dale Pierce, President

SIGNATURE: Dale R. Pierce — 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	PD	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	PIERCE, DALE		NAME	
STREET ADDRESS	3452 ECHO RIDGE PL		STREET ADDRESS	3431 CRASSY BLUFF PLACE
CITY-ST-ZIP	COCOA FL		CITY-ST-ZIP	Cocoa, FL 32926
TITLE	VD	☒ Delete	TITLE	☐ Change ☒ Addition
NAME	WILLIAMS, DAVID C.		NAME	Don Pierce
STREET ADDRESS	2700 DONNA DR		STREET ADDRESS	4697 Scattlest
CITY-ST-ZIP	TITUSVILLE FL		CITY-ST-ZIP	Cocoa Fl 32927
TITLE	STD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MORISETTE, BRUCE		NAME	
STREET ADDRESS	4937 BUTTONWOOD DR		STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32940		CITY-ST-ZIP	
TITLE	STD	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	ENNIS, BOB		NAME	
STREET ADDRESS	987 WAGLE DR		STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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 #