2002 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 22, 2002 8:00 am Secretary of State **DOCUMENT # N25789** 1. Entity Name 03-22-2002 90050 032 ****61.25 ROYAL VOLUNTEER FIRE DEPARTMENT, INC. Principal Place of Business Mailing Address 9641 CR 235 9641 CR 235 WILDWOOD FL 34785 WILDWOOD FL 34785 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2911394 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SOLOMON, LEVI 10101 CR 237 OXFORD FL 34484 Zip Code FL 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) DATE 9. Election Campaign Financing Make Check Payable to **FILE NOW: FEE IS \$61.25** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 C/D Delete TITLE (9/04) Addition Change NAME PINDER, HENRY NAME STREET ADDRESS PO BOX 633 STREET ADDRESS CITY-ST-ZIP WILDWOOD FL 34785 CITY-ST-ZIP · Delete Addition TITLE ☐ Change NAME WILLIAMS, LOUISE NAME STREET ADDRESS 1516 CR 228 STREET ADDRESS CITY-ST-ZIP WILDWOOD FL CITY-ST-7IP TITLE ☐ Delete TITLE Change **Addition** NAME TAYLOR, FREDRICK NAME STREET ADDRESS 9855 NE 17TH PATH STREET ADDRESS CITY-ST-ZIP WILDWOOD FL 34785 CITY-ST-ZIP D/AC TITLE Delete TITLE Change Addition GANT, GWENDOLYN NAME NAME STREET ADDRESS 833 NE 97TH RD STREET ADDRESS CITY-ST-ZiP WILDWOOD FL 34785 CITY-ST-ZIP S/1 TITLE □ Delete TITLE **M**Addition ☐ Change STEELE, BEVERLY NAME NAME STREET ADDRESS CR 231 STREET ADDRESS CITY-ST-ZIP WILDWOOD FL 34785 CITY-ST-ZIP ☐ Delete TITLE WILLIAMS, NATHANIEL NAME NAME STREET ADDRESS 374 WC 462 STREET ADDRESS CITY-ST-ZIP WILDWOOD FL CITY-ST-ZIP 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 receiver of true and accurate this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNAT