

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002371

1. Entity Name

POLK COUNTY FIRE DEPARTMENT AUXILIARY STATION 42

Principal Place of Business

8936 US HWY 98 N  
LAKELAND FL 33809  
US

Mailing Address

PO BOX 92106  
LAKELAND FL 33804-106  
US

2. Principal Place of Business

8936 US HWY 98 N

3. Mailing Address

PO BOX 92106

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

LAKELAND, FL

City & State

LAKELAND FL

Zip

33809

Country

US

Zip

33804

Country

US

4. FEI Number

59-3195286

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TURBEVILLE, SHANNON R  
4024 E TIMBERLAKE RD  
LAKELAND FL 33810

7. Name and Address of New Registered Agent

Name

JASON KESSLER

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

924 FOX LAKE DR

City

LAKELAND FL

FL

Zip Code

33809

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

JASON KESSLER

4-28-01

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

TITLE ☐ Delete

NAME PD  
STREET ADDRESS INGLES, KEITH  
CITY-ST-ZIP 10825 ROCKRIDGE ROAD  
LAKELAND FL 33809

TITLE ☒ Delete

NAME STD  
STREET ADDRESS SHANNON, TURBEVILLE R  
CITY-ST-ZIP 3610 CHART PRINE RD  
LAKELAND FL 33810

TITLE ☐ Delete

NAME VD  
STREET ADDRESS SCHWARTZ, JAY  
CITY-ST-ZIP 5728 BAMBI DR.  
LAKELAND FL 33809

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☒ Change ☐ Addition

NAME JASON KESSLER  
STREET ADDRESS 924 FOX LAKE DR  
CITY-ST-ZIP LAKELAND FL 33809

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)(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:

JASON KESSLER

4-28-01

863-738-1686

1580

FILED  
May 15, 2001 8:00 am  
Secretary of State

05-15-2001 90113 024 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)