

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 04, 2003 8:00 am**  
**Secretary of State**

09-04-2003 90072 021 \*\*\*\*61.25

0013654

**DOCUMENT # N94000002371**

1. Entity Name

**POLK COUNTY FIRE DEPARTMENT AUXILIARY STATION 420 INC.**



Principal Place of Business

8936 US HWY 98 N  
LAKELAND FL 33809  
US

Mailing Address

PO BOX 92106  
LAKELAND FL 33804  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3195286**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**KESSLER, JASON**  
**924 FOX LAKE DRIVE**  
**LAKELAND FL 33809**

7. Name and Address of New Registered Agent

Name

**JAMES C. ROBINSON**

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

**4305 RUSHING ROAD**

City

**LAKELAND**

FL

Zip Code

**33810**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James C. Robinson*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**08-03-03**

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **OAKLEY, JEAN**  
STREET ADDRESS **5729 BAMBI DR**  
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **STD** ☒ Delete  
NAME **KESSLER, JASON**  
STREET ADDRESS **924 FOX LAKE DRIVE**  
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **VD** ☒ Delete  
NAME **INGLES, KEIJA**  
STREET ADDRESS **10825 ROCKRIDGE RD**  
CITY-ST-ZIP **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 **STD** ☒ Change ☐ Addition  
NAME **ROBINSON, JAMES**  
STREET ADDRESS **4305 RUSHING ROAD**  
CITY-ST-ZIP **LAKELAND, FL. 33810**

TITLE **Vice President** ☒ Change ☐ Addition  
NAME **Jones, Jacob**  
STREET ADDRESS **615 Griffin Rd Lakeland FL 33805**  
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:

*James C. Robinson*

**8-28-03**

**863-398.3752**

CR2E037 (4/03)