

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000003433**

1. Entity Name

**POLK COUNTY FIRE DEPARTMENT AUXILIARY STATION 41
0 INC.**

Principal Place of Business

Mailing Address

**200 COMMONWEALTH AVE
POLK CITY FL 33868****P O BOX 872
POK CITY FL 33968**

2. Principal Place of Business

200 COMMONWEALTH AVE.

Suite, Apt. #, etc.

3. Mailing Address

200 COMMONWEALTH AVE

Suite, Apt. #, etc.

City & State
POLK CITY FL.City & State
POLK CITY FL.Zip
33868Country
POLKZip
33868Country
POLK4. FEI Number
59-3251285

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****MCPHERSON, GUY
200 COMMONWEALTH AVE
POLK CITY FL 33868****7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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

1-25-02**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	PD	<input checked="" type="checkbox"/> Delete
NAME	CLARK, CRYSTAL	
STREET ADDRESS	631 TAVARES ROAD	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CLARK, JAMES	
STREET ADDRESS	631 TAVARES ROAD	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	MCPHERSON, GUY	
STREET ADDRESS	P.O. BOX 1125	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROWLAND, KEITH	
STREET ADDRESS	4541 COUNTRY TRAITS	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEMBERTON, TIM	
STREET ADDRESS	10379 RACHEL CHERRY DRIVE	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK JAMES W	
STREET ADDRESS	631 TAVARES RD	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE	DTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCPHERSON GUY	
STREET ADDRESS	230 CARTER BLVD	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWLAND KEITH	
STREET ADDRESS	4541 COUNTRY TRAITS	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARREKER, DENISE	
STREET ADDRESS	575 PINE AVE	
CITY-ST-ZIP	POLK CITY FL 33868	

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-02**863 984 1571**

CR2E037 (9/01)