

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 10, 2001 8:00 am**  
**Secretary of State**

09-10-2001 90048 002 \*\*\*\*61.25

**DOCUMENT # N94000004590**

1. Entity Name  
**PLEASANT GROVE FIRE DEPARTMENT, INC.**

Principal Place of Business Mailing Address  
**PO BOX 4460 9350 GULF BEACH HIGHWAY**  
**PENSACOLA FL 32507 PENSACOLA FL 32507**  
**US**

**A0084200**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3280587</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>AYERS, KEVIN</b> <b>2603 SHERMAN AVE</b> <b>PENSACOLA FL 32507</b>				Name <b>Christine Crawford</b>			
				Street Address (P.O. Box Number is Not Acceptable) <b>454 Vonna Jo Cir</b>			
				City <b>Pensacola</b>		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 Christine Crawford DATE Aug 14, 2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>After September 12, 2001, min. will be \$236.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WRIGHT, EARL</b> <b>1008 SOFTSHOE PL</b> <b>PENSACOLA FL 32506</b>	<input checked="" type="checkbox"/> Delete →	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Anthony Smith</b> <b>1212 Paulding Ave</b> <b>Pensacola FL 32507</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>President</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GERHARDS, KARL</b> <b>2775 WELER AVE</b> <b>PENSACOLA FL</b>	<input type="checkbox"/> Delete →	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CURTIS, CHARLES</b> <b>9350 GULF BEACH HWY</b> <b>PENSACOLA FL 32506</b>	<input checked="" type="checkbox"/> Delete →	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>William G Wood</b> <b>2106 Susan St</b> <b>Pensacola FL 32507</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Civilian Representative</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BEASLEY, MAXINE</b> <b>9145 GULF BEACH HWY</b> <b>PENSACOLA FL 32507</b>	<input type="checkbox"/> Delete →	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SUMMERLIN, BOBBY</b> <b>10015 GULF BEACH HWY</b> <b>PENSACOLA FL</b>	<input type="checkbox"/> Delete →	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>AYERS, KEVIN</b> <b>2603 SHERMAN AVE</b> <b>PENSACOLA FL 32507</b>	<input checked="" type="checkbox"/> Delete →	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>secretary</b> <b>Christine Crawford</b> <b>454 Vonna Jo Cir</b> <b>Pensacola FL 32506</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Christine Crawford 8-14-01 870455 2531

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CR2E037 (5/01)