

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004590

1. Entity Name

PLEASANT GROVE FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

PO BOX 4460  
PENSACOLA FL 32507  
US

9350 GULF BEACH HIGHWAY  
PENSACOLA FL 32507

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

59-3280587

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRAWFORD, CHRISTINE  
959 VONNA JO CIR  
PENSACOLA FL 32506

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SMITH, ANTHONY	1212 PAULDING AVE	PENSACOLA FL 32507	<input type="checkbox"/>
D	GERHARDS, KARL	2775 WELLER AVE	PENSACOLA FL	<input type="checkbox"/>
CR	WOOD, WILLIAM G	2106 SUSAN ST	PENSACOLA FL 32507	<input type="checkbox"/>
D	BEASLEY, MAXINE	9145 GULF BEACH HWY	PENSACOLA FL 32507	<input type="checkbox"/>
T	SUMMERLIN, BOBBY	10015 GULF BEACH HWY	PENSACOLA FL	<input type="checkbox"/>
S	CRAWFORD, CHRISTINE	959 VONNA JO CIR	PENSACOLA FL 32506	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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*

4-15-02

Date

Daytime Phone #

FILED  
Apr 29, 2002 8:00 am  
Secretary of State

04-29-2002 90172 025 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)