

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

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90172 033 *****61.25

DOCUMENT # N94000004590

1. Entity Name

PLEASANT GROVE FIRE DEPARTMENT, INC.



Principal Place of Business

**PO BOX 4460
PENSACOLA FL 32507
US**

Mailing Address

**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

**CRAWFORD, CHRISTINE
959 VONNA JO CIR
PENSACOLA FL 32506**

7. Name and Address of New Registered Agent

Name

KARL R GERHARDS

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

City

**254 Marigold DR Apt 201
Pensacola FL 32506**

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

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

5/3/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SMITH, ANTHONY**
STREET ADDRESS **1212 PAULDING AVE**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **D** ☐ Delete
NAME **GERHARDS, KARL**
STREET ADDRESS **2775 WELLER AVE**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **CR** ☐ Delete
NAME **WOOD, WILLIAM G**
STREET ADDRESS **2106 SUSAN ST**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **D** ☐ Delete
NAME **BEASLEY, MAXINE**
STREET ADDRESS **9145 GULF BEACH HWY**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **T** ☐ Delete
NAME **SUMMERLIN, BOBBY**
STREET ADDRESS **10015 GULF BEACH HWY**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **S** ☒ Delete
NAME **CRAWFORD, CHRISTINE**
STREET ADDRESS **959 VONNA JO CIR**
CITY-ST-ZIP **PENSACOLA FL 32506**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Change ☐ Addition
NAME **HUNTER, JAMISON**
STREET ADDRESS **49 CONSTELLATION Ct**
CITY-ST-ZIP **PENSACOLA, FL 32506**

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] **KARL R GERHARDS** **5/3/03** **850-433-1174**

CR2E037 (10/02)