

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

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90713 013 \*\*\*\*61.25

**DOCUMENT # N94000004944**

1. Entity Name

**HILLSBOROUGH COUNTY VOLUNTEER FIRE SERVICES ASSO  
CIATION, INC.**



Principal Place of Business

**2709 E HANNA AVE  
TAMPA FL 33610  
US**

Mailing Address

**2709 E HANNA AVE  
TAMPA FL 33610  
US**

**11000238**



☐ CHECK HERE IF MAKING CHANGES

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 **59-3304622**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MERTENS, ROBERT  
8208 ALAFIA RIDGE RD  
RIVERVIEW FL 33569**

7. Name and Address of New Registered Agent

Name **BRADLEY J PRICE**

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

**1113 MELROSE ST**

City **SEFFNER**

FL

Zip Code

**33584**

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

*Bradley J Price*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-8-03**

**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          | PD                   | <input checked="" type="checkbox"/> Delete |
| NAME           | MERTENS, ROBERT      |  |
| STREET ADDRESS | 8208 ALAFIA RIDGE RD |  |
| CITY-ST-ZIP    | RIVERVIEW FL 33569   |  |

|                |                  |  |
|----------------|------------------|--|
| TITLE          | PD               | <input checked="" type="checkbox"/> Delete |
| NAME           | DAVIS, WILEY     |  |
| STREET ADDRESS | 1529 TOUCHTON RD |  |
| CITY-ST-ZIP    | LUTZ FL 33549    |  |

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | TD                 | <input type="checkbox"/> Delete |
| NAME           | GARRETT, FERRIS    |                                 |
| STREET ADDRESS | 602 LIGHTFOOT ROAD |                                 |
| CITY-ST-ZIP    | WIMAUMA FL 33598   |                                 |

|                |                  |                                 |
|----------------|------------------|---------------------------------|
| TITLE          | SD               | <input type="checkbox"/> Delete |
| NAME           | HAZZARD, JEFFERY |                                 |
| STREET ADDRESS | 4401 PAWNEE PATH |                                 |
| CITY-ST-ZIP    | VALRICO FL 33594 |                                 |

|                |                  |                                 |
|----------------|------------------|---------------------------------|
| TITLE          | VD               | <input type="checkbox"/> Delete |
| NAME           | VANETTEN, ROBERT |                                 |
| STREET ADDRESS | 1706 KINGSWAY RD |                                 |
| CITY-ST-ZIP    | SEFFNER FL 33510 |                                 |

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                  |  |
|----------------|------------------|--|
| TITLE          | PD               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | BRADLEY J PRICE  |  |
| STREET ADDRESS | 1113 MELROSE ST  |  |
| CITY-ST-ZIP    | SEFFNER FL 33584 |  |

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

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

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

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

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Bradley J Price*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1 8 03 813 967 4514**

CP2E037 (10/02)