

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90068 038 ****61.25

DOCUMENT # N97000000793

1. Entity Name

FLAME OF FIRE INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

**424 CREARY ST
 PENSACOLA FL 32507**

**424 CREARY ST
 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

59-3430736

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

**FOOTE, JOHN W
 424 CREARY ST
 PENSACOLA FL 32507**

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 **PD** ☐ Delete
 NAME **FOOTE, JOHN W**
 STREET ADDRESS **424 CREARY ST**
 CITY-ST-ZIP **PENSACOLA FL 32507**

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

TITLE **STD** ☐ Delete
 NAME **FOOTE, GEORGETTE E**
 STREET ADDRESS **424 CREARY ST**
 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **TD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **POOLE, CHRIS**
 STREET ADDRESS **1565 BROCKTON LANE**
 CITY-ST-ZIP **SOUTH MOBILE FL 36695**

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

TITLE **D** ☒ Delete
 NAME **SCHLEIFER, JON**
 STREET ADDRESS **5280 ROWE TRAIL**
 CITY-ST-ZIP **PACE FL 32571**

TITLE **SD** ☒ Change ☐ Addition
 NAME **PAUL CRITCHETT**
 STREET ADDRESS **2198 WHITE PINES DR**
 CITY-ST-ZIP **PENSACOLA, FL 32526**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **TOM WINSLOW**
 STREET ADDRESS **5200 WIGGINS LAKE RD**
 CITY-ST-ZIP **WALNUT HILL, FL 32568**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **GREG LANCASTER**
 STREET ADDRESS **2245 CRICKET RIDGE DR**
 CITY-ST-ZIP **CANTONMENT, FL 32533**

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]* **Georgette Foote** 4/16/02 (850) 456-6263
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)