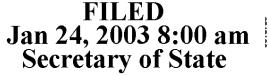
2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9700002510 1. Entity Name



01-24-2003 90068 032 ****61.25

ALTAMONTE PASS FIRE DEPARTMENT, INC.						1 2003 90000 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.20
Principal Place of Business 300 BROADVIEW AVENUE ALTAMONTE SPRINGS FL 32701		Mailing Address 300 BROADVIEW AVENUE ALTAMONTE SPRINGS FL 32701				88111 28111 28111 A	.	11¢ 80(4 18 3 2
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FE! Number 59-3447141 Applied For Not Applicable			
Zip Î,	Country	Zip	Cou	intry	5. Certificate of Status D	esired	\$8.75 Add	litional
	6. Name and Address of Current R	legistered Agent	-		7. Name and Address of	f New Registered		
STATION SERVICING CORPORATION 930A FERN STREET ALTAMONTE SPRINGS FL 32701				Name Station Society Corp. Street Address (P.O. Box Number is Not Acceptable) 300 Broodview Are Ave City Alfamorte Spring FL Zip Code 32701				
the obliga	s named entity submits this statement for tions of registered agent. Signature, typed or privid name of registered agent at FILE NOW: FEE IS \$61.25	Soluza us B	Fred	or on bake displaying a displaying displayin	de of Station.	Make Chec	هر المراج k Payable	/2003 to
10.	OFFICERS AND DIR	ECTORS	11.	<u>.</u>	ADDITIONS/CHANGES TO	OFFICERS AND D	IRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT SELWYN, JERRY 300 BROADVIEW AVE ALTAMONTE SPRINGS FL 32701	☐ Delete		1			☐ Change	☐ Addition
TITLE NAME	VPDS MCINTEE, MARCIA	☐ Delete	TITLE	VI	PDS DETATEE MARC 300 Broadvie	\a`	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	PO BOX 151496 ALTAMONTE SPRINGS FL 32715					yn FL 30	70)	
TITLE NAME STREET ADDRESS CITY-ST-2IP	D TOHOSKY, DELIA 14411 SALAMANCA DR WINTER GARDEN FL 34787	☐ Delete		E TADDRESS 3	OHOSKY, Delia OD Broodview Harronte Springs		Change	☐ Addition }
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREE			77.78.88	Ctiange	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:

1-107 260 8000