

FROM : GALAXY FIREWORKS INC.

PHONE NO. : 813 234 1516

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90225 039 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000002531**

1. Entity Name

FLORIDA FIREWORKS ASSOCIATION INC.

Principal Place of Business

**204 E MARTIN LUTHER KING BLVD
TAMPA FL 33603**

Mailing Address

**204 E MARTIN LUTHER KING BLVD
TAMPA FL 33603****659562**

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

NOT APPLICABLE

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

**HUNNEWELL, SHARON
204 E MARTIN LUTHER KING BLVD
TAMPA FL 33603**

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 **D** ☐ Delete
 NAME **STEINHART, CRAIG**
 STREET ADDRESS **2501 NE 22 TERRACE**
 CITY-ST-ZIP **FT LAUDERDALE FL 33305**

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

TITLE **PD** ☐ Delete
 NAME **HUNNEWELL, SHARON**
 STREET ADDRESS **204 E MARTIN LUTHER KING BLVD**
 CITY-ST-ZIP **TAMPA FL 33603**

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

TITLE **VD** ☐ Delete
 NAME **VAERETTI, BILL**
 STREET ADDRESS **653 OLD ALBEE FARM RD**
 CITY-ST-ZIP **NOKOMIS FL 34275**

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

TITLE **S** ☐ Delete
 NAME **BOSTOCKY, JERRY**
 STREET ADDRESS **555 MLK JR. BLVD.**
 CITY-ST-ZIP **YOUNGSTOWN OH 44502**

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

TITLE **T** ☐ Delete
 NAME **DICKSTEIN, ISAAC**
 STREET ADDRESS **768 E DANIA BEACH BLVD**
 CITY-ST-ZIP **DANIA BEACH FL 33004**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Sharon Hunnewell* **Sharon Hunnewell** 2/19/01 @ 1234-2264