2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700004702

STATION 32 AUXILIARY FIRE DEPARTMENT, INC.

Mailing Address

185 SOUTH THIRD STREET EAGLE LAKE FL 33839

SIGNATURE:

POST OFFICE BOX 1240 EAGLE LAKE FL 33839

	<u> </u>
2. Principal Place of Business 3. Mailing Address	
Suite, Apt. #, etc. DO NOT	WRITE IN THIS SPACE
City & State City & State 4. FEI Number 59-34782	35 Applied For
Zip Country Zip Country 5. Certificate of Status Desir	- \$8.75 Additional
	Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of Name and Na	
	 .
KEHOE, FRANK Street Address (P.O. Box Number is Not Accept	table)
111 REAM ROAD	
WINTER HAVEN FL 33880	Zip Code
	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 the purpose of changing its registered office or registered agent, or both, in the state of the purpose of changing its registered office or registered agent, or both, in the state of the purpose of changing its registered office or registered agent, or both, in the state of the purpose of changing its registered office or registered agent, or both, in the state of the purpose of changing its registered office or registered agent, or both, in the state of the purpose of changing its registered office or registered agent, or both, in the state of the purpose of changing its registered of the purpose of th	of Florida.
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SIGNATURE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be	Make Check Payable to
Trust Fund Contribution. Added to Fees	Department of State
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFI	TIGEDS AND DIDECTORS IN 10
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFF	Change Addition
NAME KEHOE, FRANK	Change Addition
STREET ADDRESS 111 REAM RD STREET ADDRESS	
CITY-ST-ZIP WINTER HAVEN FL 33880 CITY-ST-ZIP	l ₁
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	☐ Change ☐ Addition
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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.

50,24,02

863-287-5806

FILED

02-19-2002 90072 001 ****61.25

Feb 19, 2002 8:00 am Secretary of State