

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000272

1. Entity Name

FIREFIGHTERS/PARAMEDICS SAVE LIVES, INC.

Principal Place of Business

2328 S CONGRESS AVE. SUITE 2B
WEST PALM BEACH FL

Mailing Address

2328 S CONGRESS AVE. SUITE 2B
WEST PALM BEACH FL

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

65-0884270

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIERZWA & ASSOCIATES, P.A.
3900 WOODLAKE BLVD, SUITE 212
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

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

TITLE **PD** ☐ Delete
NAME **MAYO, MICHAEL J**
STREET ADDRESS **2328 S CONGRESS AVE, SUITE 2B**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **VD** ☐ Delete
NAME **NADDY, LAWRENCE**
STREET ADDRESS **6402 BENGAL CIR**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **STD** ☐ Delete
NAME **BERGERON, MICHAEL A**
STREET ADDRESS **2328 S CONGRESS AVE, SUITE 2B**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

Michael Mayo

2/21/02 5619690729

CR2E037 (9/01)