

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000002005

FILED
Jan 21, 2002 8:00 AM
Secretary of State

Entity Name: FIRE INTERNATIONAL, INC.

Current Principal Place of Business:

4000 W FAIRFIELD DRIVE
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

PO BOX 36156
PENSACOLA, FL 32516

New Mailing Address:

FEI Number: 59-3563742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERS, WILLIAM (JOSH) E DR
4118 ERIKA CT
PENSACOLA, FL 32526

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, MICHAEL L DR
Address: 12461 RED CLOUD RD
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: PETERS, WILLIAM (JOSH) E
Address: 4118 ERIKA CT
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: CAVA, M JOHN
Address: 32210 BARTEL ST
City-St-Zip: ELBERTA, AL 32530

Title: D () Delete
Name: GLADSTONE, ROBERT J
Address: 7185 RAMPART WAY
City-St-Zip: PENSACOLA, FL 32576

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BROWN, MICHAEL L DR
Address: 20254 SWEET WATER LOOP
City-St-Zip: SEMINOLE, AL 36574

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. WILLIAM E (JOSH) PETERS

D

01/21/2002

Electronic Signature of Signing Officer or Director

_____ Date