

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003547

1. Entity Name

FIRE SAFETY EDUCATION ASSOCIATION, INC. ✓

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90010 014 ****70.00

Principal Place of Business

3000 N. ATLANTIC AVENUE
SUITE 101
COCOA BEACH FL 32931

Mailing Address

3000 N. ATLANTIC AVENUE
SUITE 101
COCOA BEACH FL 32931

2. Principal Place of Business

Same as above

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

SACKETT, HARVEY
3000 N. ATLANTIC AVENUE
SUITE 101
COCOA BEACH FL 32931

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
After September 13, 2000 min. will be \$236.25

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	PD	<input type="checkbox"/> Delete
NAME	SACKETT, HARVEY	
STREET ADDRESS	3000 N. ATLANTIC AVENUE, SUITE 101	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SACKETT, MOZELLE	
STREET ADDRESS	3000 N. ATLANTIC AVENUE, SUITE 101	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CATOR, CONNIE	
STREET ADDRESS	3000 N. ATLANTIC AVENUE, SUITE 101	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: ☒

Connie Cator
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/00

321-799-2800

Date

Daytime Phone #

CR2E037 (5/00)