

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91174 007 \*\*\*150.00

**DOCUMENT # P00000078888**

**1. Entity Name**  
**THE FIFE GROUP INC**

**Principal Place of Business**  
**12850 WALSINGHAM ROAD**  
**LARGO FL 33774**

**Mailing Address**  
**2817 WEST END AVE**  
**STE 126 #292**  
**NASHVILLE TN 37203**

**2. Principal Place of Business**

**3. Mailing Address**  
**C/O GULF TAX INC**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**PO BOX 682332**

City & State

City & State  
**FRANKLIN TN**

**4. FEI Number**  
**36-4392609**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**37068-2332 Williamson**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**LIGHT, BRIAN**  
**6860 GULFPORT BLVD., #900**  
**S. PASADENA FL 33707-2108**

**7. Name and Address of New Registered Agent**

Name **LIGHT BRIAN - GULF TAX INC**

Street Address (P.O. Box Number is Not Acceptable)

**8656 WELLINGTON LOOP**

City **KISSIMMEE**

**FL**

Zip Code

**34746**

**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

**9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.** ☒  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>ANDERSON, DAVID C</b> <b>6860 GULFPORT BLVD., #900</b> <b>S. PASADENA FL 33707-2108</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>ANDERSON, LORI D</b> <b>6860 GULFPORT BLVD., #900</b> <b>S. PASADENA FL 33707-2108</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Delete <b>LIGHT, BRIAN</b> <b>6860 GULF PORT BLVD #900</b> <b>S. PASADENA FL 33707-2108</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PO BOX 682332</b> <b>FRANKLIN TN 37068-2332</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PO BOX 682332</b> <b>FRANKLIN TN 37068-2332</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PO BOX 682332</b> <b>FRANKLIN TN 37068-2332</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**BRIAN LIGHT**

**4/25/02 (407) 396 0854**

CR2E034 (9/01)