

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90111 015 ***150.00

DOCUMENT # P01000120429

1. Entity Name

FIRESTOREONLINE.COM, INC.



Principal Place of Business

3403 TAMARIND DR
EDGEWATER FL 32141

Mailing Address

3403 TAMARIND DR
EDGEWATER FL 32141

2. Principal Place of Business

927 S. Ridgewood AVE

3. Mailing Address

927 S. Ridgewood AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A-7

A-7

City & State

City & State

Edgewater FL

Edgewater FL

Zip Country
32132 USA

Zip Country
32132 USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0553595

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHUTA, ANTHONY R II
3403 TAMARIND DR
EDGEWATER FL 32141

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME JONES, DONALD LEE
STREET ADDRESS 3403 TAMARIND DR
CITY-ST-ZIP EDGEWATER FL 32141

TITLE D ☐ Delete
NAME SHUTA, ANTHONY R II
STREET ADDRESS 3403 TAMARIND DR
CITY-ST-ZIP EDGEWATER FL 32141

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 11

TITLE D ☒ Change ☐ Addition
NAME JONES DONALD LEE
STREET ADDRESS 927 S. Ridgewood AVE Suite A-7
CITY-ST-ZIP Edgewater FL 32132

TITLE D ☒ Change ☐ Addition
NAME SHUTA, ANTHONY R II
STREET ADDRESS 3403 Tamarind Dr
CITY-ST-ZIP Edgewater FL 32132

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

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

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

TITLE ☐ Change ☐ 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 607, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-03 386-409-8875

Date

Daytime Phone #

CR2E034 (10/02)