

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90126 046 ***150.00

DOCUMENT # P02000058150

1. Entity Name
SPITFIRE TECHNOLOGIES, INC.



Principal Place of Business
**10643 CR 249
JASPER FL 32052**

Mailing Address
**10643 CR 249
JASPER FL 32052**



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

04-3673439

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FOLSOM, LYNDA M
548 CHANBRIDGE DRIVE
JASPER FL 32052**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **BARKER, DOUGLAS B**
STREET ADDRESS **10643 CR 249**
CITY-ST-ZIP **JASPER FL 32052**

TITLE **D** ☒ Delete
NAME **TAYLOR, GREGORY D**
STREET ADDRESS **1321 SHADY OAK LANE**
CITY-ST-ZIP **JASPER FL 32052**

TITLE **D** ☒ Delete
NAME **PETERS, BRIAN A JR**
STREET ADDRESS **2917 LOCKLAUREL ROAD**
CITY-ST-ZIP **VALDOSTA GA 31601**

TITLE **S** ☐ Delete
NAME **FOLSOM, LYNDA M**
STREET ADDRESS **PO BOX 927**
CITY-ST-ZIP **JASPER FL 32052**

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 **P** ☐ Change ☒ Addition
NAME **Jamie H. Barker**
STREET ADDRESS **10643 CR 249**
CITY-ST-ZIP **JASPER, FL 32052**

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

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

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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 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:

Jamie H. Barker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 3, 03
Date

229 740 0397
Daytime Phone #

CR2E034 (10/02)