

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000046128

1. Entity Name

EMERGENCY FIRST RESPONDERS, INC.

Principal Place of Business

2112 SYKES CREEK DR.
MERRITT ISLAND FL 32953

Mailing Address

2112 SYKES CREEK DR.
MERRITT ISLAND FL 32953

2. Principal Place of Business

3601 S. Banana River Blvd

3. Mailing Address

3601 S. Banana River Blvd

Suite, Apt. #, etc.

A-301

Suite, Apt. #, etc.

A-301

City & State

Cocoa Beach FL

City & State

Cocoa Beach

Zip

32931

Country

USA

Zip

32931

Country

USA

6. Name and Address of Current Registered Agent

O'BRIEN, RANDALL O
2112 SYKES CREEK DR.
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent

Name O'Brien, Randall O

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

3601 S. Banana River Blvd

A-301

City

Cocoa Beach

FL

Zip Code

32931

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

Randy O'Brien

RANDY O'BRIEN

01/30/01

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, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME O'BRIEN, RANDALL O
STREET ADDRESS 2112 SYKES CREEK DR.
CITY-ST-ZIP MERRITT ISLAND FL 32953

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME O'Brien, Randall O
STREET ADDRESS 3601 S. Banana River Blvd A-301
CITY-ST-ZIP Cocoa Beach, FL 32931

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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

RANDY O'BRIEN

1/30/01

Date

321-784-2110

Daytime Phone #

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90129 022 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)