

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0188853 AV

DOCUMENT # P93000073283

1. Entity Name

THE FIRE CAN MANUFACTURING COMPANY, INC.

04-09-2002 90056 041 ***150.00

Principal Place of Business

12450 WILES RD
 CORAL SPRINGS FL 33076
 US

Mailing Address

12450 WILES RD
 CORAL SPRINGS FL 33076
 US



2. Principal Place of Business

12440 Wiles Road

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **65-0460637**

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

FIELDS, TRACY

12448 WILES RD
 CORAL SPRINGS FL 33076

Name

Street Address (P.O. Box Number is Not Acceptable)
12440 Wiles Road

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

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
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MACMILLAN, SUSAN K**
 CITY-ST-ZIP **12450 WILES RD**
CORAL SPRINGS FL 33076

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS *12440 Wiles Road*
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **FIELDS, PATRICIA**
 CITY-ST-ZIP **12450 WILES RD**
CORAL SPRINGS FL 33076

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS *12440 Wiles Road*
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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 duly empowered.

SIGNATURE:

Tracy Fields
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-28-02 (954) 344-8306

CR2E034 (9/01)