2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P95000076975

1. Entity Name

EARTH AND FIRE, INC.



FILED Mar 05, 2003 8:00 am Secretary of State 03-05-2003 90041 028 ***150.00

						OD WE IN	1							
Principal Place 794 BROAD A NAPLES FL: US	AVE S	5	3035 S/	Mailing Address 3035 SANDY LANE NAPLES FL 33940 US										
2. Principal P	Place of Busin	3. Mailing	3. Mailing Address				{	ING ROBER ON A BO	111 1 6 111 6011 61				il	
Suite, Apt.	#, etc.		Suite, A	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State			City & \$	City & State			4. 1	4. FEI Number 65-0612557				\vdash	pplied For	
Zip Country			Zip		Count	try	5. (.75 Ac	75 Additional Required		
	and Address of Cur	Agent				Name and A	dress of Ne	w Registere	d Age	nt		\dashv		
**			-	The second section of		Name						-		\neg
	l, gregg i NDY lane	A				Street Address (P.O. Box Number is Not Acceptable)								\dashv
NAPLES	FL 33962										•	•		\dashv
					City				F	Zip Code			\dashv	
	named entity ions of regist	submits this staterne gred agent.	nt for the purpose	e of changing its	registere	d office or regis	stered ag	ent, or both,	in the State o	Florida. I a	m fam	iliar with	, and accep	it
SIGNATURE.	Signature, typed	or printed name of registered	agent and title if applicat	ole. (NOTE	: Registered	Agent signature req	uired when re	einstating)		DATE				}
After	May 1, 200	I FEE IS \$150.00 3 Fee will be \$550 Florida Departmen	.00		·			1	on Campaigr Fund Contrib				00 May Be d to Fees	
10.		OFFICÉRS A	ND DIRECTORS		11.		AD	DITIONS/CF	IANGES TO (OFFICERS A	ND DI	RECTOR	RS IN 11	\dashv
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3035 SAI	., GREGG M NDY LANE FL 33962		☐ Delete] Change	☐ Additio	in and
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3035 SAI	, KELLY A NDY LANE FL 33962		☐ Delete] Change	☐ Additio	in S
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		T ADDRESS ST-ZIP	٠					Change	☐ Additio	'n
TITLE NAME Street address City-St-Zip				☐ Delete		T ADDRESS ST-ZIP						Change	Additio	ก
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indicated of the cor	on this repor poration or the	information supplied t or supplemental repo e receiver or trustee e piment with an addre	ort is true and accompowered to exe	curate and that mecute this report a	ny signatu as require	ire shall have th	ne same l	legal effect a	s if made und	er nath: that	I amís	n office	or director.	

SIGNATURE:

239-261-6658 Daytime Phone #