

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90102 005 ***150.00

DOCUMENT # P95000082249

1. Entity Name
FRIENDLY FIRE, INC.

Principal Place of Business

154 PALM TREE LN
 FT MYERS FL 33905

Mailing Address

154 PALM TREE LN
 FT MYERS FL 33905

00034646



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0627433**

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

CONROD, WILLIAM H
154 PALM TREE LN
FT MYERS FL 33905

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D CONROD, WILLIAM H**
 STREET ADDRESS **154 PALM TREE LN**
 CITY-ST-ZIP **FT MYERS FL 33905**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D CONROD, CAROLYN V**
 STREET ADDRESS **154 PALM TREE LN**
 CITY-ST-ZIP **FT MYERS FL 33905**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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Change Addition
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 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 like empowered.

SIGNATURE: William H. Conrod
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 7, 2001 941 694-7274
 Date Daytime Phone #

CR2E034 (10/00)