

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90043 028 \*\*\*150.00

**DOCUMENT # P95000082249**

1. Entity Name  
**FRIENDLY FIRE, INC.**

Principal Place of Business      Mailing Address  
**154 PALM TREE LN**                      **154 PALM TREE LN**  
**FT MYERS FL 33905**                      **FT MYERS FL 33905**

2. Principal Place of Business      3. Mailing Address  
**14780 HOMESTEAD RD**                      **14780 HOMESTEAD RD**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State <b>FORT MYERS FL</b>	City & State <b>FT. MYERS FL</b>	4. FEI Number <b>65-0627433</b>	Applied For <input type="checkbox"/>
Zip <b>33971</b>	Country <b>LEE</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>CONROD, WILLIAM H</b> <b>154 PALM TREE LN</b> <b>FT MYERS FL 33905</b>		7. Name and Address of New Registered Agent Name <b>CONROD, William H.</b> Street Address (P.O. Box Number is Not Acceptable) <b>14780 Homestead Rd.</b> City <b>FORT MYERS, FL</b> Zip Code <b>33971</b>	
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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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CONROD, WILLIAM H</b> <b>154 PALM TREE LN</b> <b>FT MYERS FL 33905</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CONROD, CAROLYN V</b> <b>154 PALM TREE LN</b> <b>FT MYERS FL 33905</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: William H. Conrad V. President      William H. Conrad      941 694-7274  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date 4-11-02      Daytime Phone #

CR2E034 (9/01)