

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000032802

1. Entity Name
FIRE LAKE, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90401 018 ***150.00

Principal Place of Business

Mailing Address

6324 JACK STREET
PENSACOLA FL 32504

6324 JACK STREET
PENSACOLA FL 32504-8111

2. Principal Place of Business
4540 MOBILE HWY

3. Mailing Address
4540 MOBILE HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

Zip

32506

Country

USA

Zip

32506

Country

USA

4. FEI Number

59-3380320

Applied For

Not Applicable

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

TETTE, MARK P
6324 JACK STREET
PENSACOLA FL 32504

Name

TETTE, MARK P.

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

7596 NORTHPOINTE BLVD

City

PENSACOLA

FL

Zip Code
32514

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, 2000 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 PD ☐ Delete
NAME TETTE, MARK P
STREET ADDRESS 6324 JACK STREET
CITY-ST-ZIP PENSACOLA FL 32504

TITLE PD ☒ Change ☐ Addition
NAME TETTE, MARK P.
STREET ADDRESS 7596 NORTHPOINTE BLVD
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE SD ☒ Delete
NAME TETTE, MATTHEW F
STREET ADDRESS 6324 JACK STREET
CITY-ST-ZIP PENSACOLA FL 32504

TITLE SD ☐ Change ☒ Addition
NAME JACQUAY, EARL F.
STREET ADDRESS 1118 BREMEN AVE
CITY-ST-ZIP PENSACOLA, FL 32507

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 like empowered.

SIGNATURE:

EGLAFUN REQUIRED SD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 22 -00 150455-8561
Date Daytime Phone #

CR2E034 (9/99)