1. Entity Name	MENT # P97000 0 RROTT FIRE COMPANY INC.		FILED Jan 11, 2001 8:00 am Secretary of State						
Principal Place of Business Mailing Address					01-11	-2001 90033	021 ***	150.00	
1250 MARSH CREEK LN		1250 MARSH CREEK LN							
ORLANDO FL 32 US	1828	ORLANDO FL 32828 US							
00		00			I (harrani ne rani rani sani	38 111 381 11 3818 1 11 8			
2. Principal Pla	ace of Business	3. Mailing Address	*						
·									
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		Ì	DO NOT V	VRITE IN THIS S	PACE		
City & State		City & State		4. FE	I Number 59-351 0	342	A	oplied For]
- Zin	Country	Zip	Country	<u> </u>				ot Applicable	4
Zip	Country	ΖΙΡ	Country	5. Ce	ertificate of Status Desire		8.75 Addee Require		
	6. Name and Address of Current	Registered Agent	Name	7. Na	me and Address of Ne	w Registered A	gent		-
PARROTT, JEFF									4
1250 MARSH CREEK LANE ORLANDO FL 32828			Street Add	Street Address (P.O. Box Number is Not Acceptable)					
			City			- FL	Zip Cod	е	1
8. The above r	named entity submits this statement for	the purpose of changing its	registered office or re	egistered ager	nt, or both, in the State o	f Florida.	<u> </u>		_
	•								
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent signature	required when rein	stating)	DATE			
			!!! FEE IS \$150.00		g ,				-
•	ation is eligible to satisfy its Intangible quirement and elects to do so.		101 Féè will be \$55		 Election Campaign Trust Fund Contrib 			May Be	
(See criteria	· · · · · · · · · · · · · · · · · · ·	Make Check Payal	<u>-</u>						4
TITLE	OFFICERS AND I	DIRECTORS Delete	12.	ADD	TIONS/CHANGES TO	OFFICERS AND	DIRECTOR Change	S IN 11 Addition	- g
	PARROTT, JEFFERY P	□ Delete	NAME						(10/
	1250 MARSH CREEK		STREET ADDRESS CITY-ST-ZIP						E034
TITLE	ORLANDO FL 32828	Delete	TITLE				Change	☐ Addition	- BB
NAME		_ +	NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		Delete	TITLE	-		•	☐ Change	☐ Addition	1
NAME		2 4 4 4 4	NAME .						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLÉ				Change	Addition	1
NAME CTREET ADDRESS			NAME STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP		_	CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				☐ Change	Addition	1
NAME STREET ADDRESS	•		NAME Street Address						
CITY-ST-ZIP	<u>. </u>		CITY-ST-ZIP						<u> </u>
TITLE	The state of the s	Delete	TITLE				□-Ghange:	☐ Addition	
NAME STREET ADDRESS	,		STREET ADDRESS		سحي بيحره				1
CITY-ST-ZIP			CITY-ST-ZIP			<u> </u>			
indicated o of the corpo	ertify that the information supplied with on this report or supplemental report is oration or the receiver or trustee empo or on an attachment with an address, w	true and accurate and that r wered to execute this report	ny signature shall hav as required by Chapt	e the same led	aal effect as if made und	ler oath; that I a	n an officer	or director	
	· O-11	P Pour	At Da	osidon	+ 1-4	1-01			}
CICKIATI		, , , , , , , , , , , , , , , , , ,	<i>y</i> , , , , ,		, , – –				1
SIGNATU	JRE:SIGNATURE AND PRED OR PI	PINTED NAME OF SIGNING OFFICER	OR DIRECTOR	c) lucy	Date	Da	/time Phone #		