

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000052725**

1. Entity Name

LAKE COUNTY FIRE EQUIPMENT, INC.**FILED****Apr 24, 2001 8:00 am**
Secretary of State

04-24-2001 90256 013 ***150.00

Principal Place of Business

**10 EAST CHEALEY STREET
EUSTIS FL 32736**

Mailing Address

**10 EAST CHEALEY STREET
EUSTIS FL 32726**

2. Principal Place of Business

10 East Chesley Avenue

3. Mailing Address

10 East Chesley Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Eustis, FL

City & State

Eustis, FL

4. FEI Number

59-3453420

Applied For

Not Applicable

Zip

32726

Country

Lake

Zip

32726

Country

Lake5. 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

**SILER, HARLAN D SR.
10 E CHELSEY AVE
EUSTIS FL 32736**

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 **Harlan D Siler, President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-20-2001

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, 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 **P** ☐ Delete
NAME **SILER, HARLAN D SR**
STREET ADDRESS **10 EAST CHEALEY STREET**
CITY-ST-ZIP **EUSTIS FL 32726**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: **Harlan D Siler, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harlan D Siler, President**4-20-2001**

Date

(352) 357-6319

Daytime Phone #

CR2E034 (10/00)