2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000001829 DOCUMENT

1. Entity Name

PORCHE FIRE FOLLIPMENT, INC.



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90141 004 ***150.00

Onone	. FIRE EQUIFIMENT, INC.						
Principal Plates SE 45TI STE 1	ce of Business H CT	Mailing Address 4430 S.R. SOTH ST OCALA FL 34490				14	
	Place of Business O u. S. 98 NoRTH #, etc.	3. Mailing Address 8240 U.S. 98 Suite, Apt. #, etc.	8240 4.5.98 NORTH		CHECK HERE IF I		
City & State LAKELAND, FL		City & State LAKELAND, FL		4	4. FEI Number 59-3486664		pplied For ot Applicable
Zip Country 33809 U.S.A 6. Name and Address of Current		33809	428		Certificate of Status Desired Name and Address of New Regi	S8.75 Ad Fee Require	
,4430 SOL QGALA FI	CHRISTOPHER A THEAST 60TH ST. L 34480	the average of phase in the	City	PORCHI Coress (P.O. 2184 LAKEL	E. CHRISTOPHER A Box Number is Not Acceptable) MALA CHITE DR	FL Zip Cg	810
the obligation	e named entity submits this statement fortions of registered agent. Signature, typed or printed name of registered agent a	dent	egistered office or Registered Agent signati			a. I am familiar with, -13-03 DATE	and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Financ Trust Fund Contribution.	~ ~	00 May Be d to Fees
10.	OFFICERS AND DIRECTORS		11.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PORCHE, CHRISTOPHER A 4430 SOUTHEAST 60TH ST. OCALA FL 34480	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. PORCE 2184	HE, CHRISTOPHER A MALACHITE DR.	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PORCHE, HUEY P 313 HORSESHOE RD SCHRIEVER LA 70395	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- > ∆ A ∩	14ND, FL 33810	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME - STREET ADDRESS CITY-ST-ZIP	. — —	ga galan makan da	☐ Change	Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

863-815-5600