

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

06/5768
FR

DOCUMENT # P98000062315

1. Entity Name
FIREHOUSE OF ARKANSAS, INC.



FILED

03 MAY 12 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3410 KARI RD
JACKSONVILLE FL 32257
US

Mailing Address
3410 KARI RD
JACKSONVILLE FL 32257
US

2. Principal Place of Business

3410 KORI Road

3. Mailing Address

3410 KORI ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3529157

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SORENSEN, ROBIN
3410 KARI RD
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name

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

3410 KORI ROAD

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SORENSEN, ROBIN
STREET ADDRESS 3410 KARI RD
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE D ☐ Delete
NAME SORENSEN, CHRIS
STREET ADDRESS 3410 KARI RD
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE T ☐ Delete
NAME JOOST, STEPHEN C
STREET ADDRESS 3410 KARI RD
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3410 KORI ROAD
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3410 KORI ROAD
CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03 904 886 8300

Date

Daytime Phone #

CP2E034 (10/02)