2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 08, 2000 8:00 am Secretary of State DOCUMENT # P98000067506 1. Entity Name FLORIDA FIRE APPARATUS REPAIR, INC. 05-08-2000 90091 050 ***150.00 Principal Place of Business Mailing Address 1727 COLONIAL COURT 1727 COLONIAL COURT FT. WALTON BEACH FL 32547 FT. WALTON BEACH FL 32547-6883 2. Principal Place of Business 3. Mailing Address 505 Mooney Rd Box 27 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 59-3527658 Not Applicable Mary Esther Ft Walton Bch. Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32547 <u> 32569</u> USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TOUCHTON, STEPHEN L Street Address (P.O. Box Number is Not Acceptable) 1727 COLONIAL COURT FT. WALTON BEACH FL 32547 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE ☐ Change Addition TITLE TOUCHTON, STEPHEN L NAME NAME STREET ADDRESS STREET ADDRESS 1727 COLONIAL COURT CITY-ST-ZIP CITY-ST-7IP FT. WALTON BEACH FL 32547 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 。 ☐.Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 any accurate and that by signature shall have the same legal effect as if made under oath; that I am an officer or director signature shall have the same legal effect as if made under oath; that I am an officer or director regired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee changed, or on an attachment with an add

Stephen L

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR