

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006760

1. Entity Name

THE RELIABLE AUTOMATIC SPRINKLER CO. INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90045 010 ***150.00

812891



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

525 NORTH MACQUESTERN PARKWAY
MT. VERNON NY 10552

525 NORTH MACQUESTERN PARKWAY
MT. VERNON NY 10552-2609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-1727035

Applied For

Not Applicable

Zip

Country

Zip

Country

5. 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

GANAS, MICHAEL
263 HUNT PARK COVE
LONGWOOD FL 32750

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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 D ☐ Delete
NAME FEE, CANDIDA M
STREET ADDRESS 72 BERKSHIRE ROAD
CITY-ST-ZIP ROCKVILLE CENTRE NY 11570

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

TITLE PVCT ☐ Delete
NAME FEE, FRANK J III
STREET ADDRESS 2 BEECHWOOD LANE
CITY-ST-ZIP SCARSDALE NY 10583

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

TITLE VDS ☐ Delete
NAME FEE, KEVIN T
STREET ADDRESS 111 WHITEHALL BLVD.
CITY-ST-ZIP GARDEN CITY NY 11530

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

TITLE D ☐ Delete
NAME FEE, MICHAEL R
STREET ADDRESS 134 MILL SPRING ROAD
CITY-ST-ZIP MANHASSET NY 11030

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

TITLE VP ☐ Delete
NAME HULTGAEN, ROBERTA C
STREET ADDRESS 21 SHARON COURT
CITY-ST-ZIP SHELTON CT 06484

TITLE ☒ Change ☐ Addition
NAME VP
STREET ADDRESS HULTGREN, ROBERT C.
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

Robert C. Hultgren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00

Date

(914)662-3220

Daytime Phone #

CR2E034 (9/99)