

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073343

1. Entity Name

NATIONAL FIRE EXTINGUISHERS, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90188 021 ***150.00

Principal Place of Business

Mailing Address

2425 SPOONWOOD DR.
TALLAHASSEE FL 32303

2425 SPOONWOOD DR.
TALLAHASSEE FL 32303-4005

2. Principal Place of Business

3507 SHARER RD

Suite, Apt. #, etc.

3. Mailing Address

3507 SHARER RD.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TALLAHASSEE

City & State

TALLAHASSEE FL

4. FEI Number

59-2086839

Applied For

Not Applicable

Zip

32312

Country

USA
LEON

Zip

32312

Country

USA

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

SCOMA, LAWRENCE
2425 SPOONWOOD DR.
TALLAHASSEE FL 32303

< chg Address
ONLY

Name

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

3507 SHARER RD

City

TALLAHASSEE

FL

Zip Code

32312

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	PTD	<input type="checkbox"/> Delete
NAME	SCOMA, LAWRENCE	Address Chg
STREET ADDRESS	2425 SPOONWOOD DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SCOMA, MARIO	Address Chg
STREET ADDRESS	2425 SPOONWOOD DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	S	<input type="checkbox"/> Delete
NAME	WESTMAN, RACHAEL	Address Chg
STREET ADDRESS	2425 SPOONWOOD DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SCOMA, LAWRENCE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3507 Sharer Rd	
STREET ADDRESS	Tallahassee FL 32312	
CITY-ST-ZIP		
TITLE	SCOMA, MARIO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3507, Sharer Rd	
STREET ADDRESS	Tallahassee FL 32312	
CITY-ST-ZIP		
TITLE	WESTMAN, RACHAEL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3507 Sharer Rd	
STREET ADDRESS	Tallahassee FL 32312	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-2000

Date

386-7575

Daytime Phone #

CR2E034 (9/99)