FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Ammended

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 NOV -4 AM 10:49

DOCUMENT # P00000107083

1. Entity Name
AAA Sprinkler Systems, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1509 Chowkeebin Nene
Suite, Apt. #, etc.
City & State: TLH FL
Zip: 32301 Country:

3. Mailing Address
Po Box 5942
Suite, Apt. #, etc.
City & State: TLH FL
Zip: 32314 Country:

2002 AMENDED

4. FEI Number: 59-3681299 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Joel D Salley
Street Address (P.O. Box Number is Not Acceptable): 1509 Chowkeebin Nene
City: TLH FL Zip Code: 32301

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Joel D Salley 1509 Chowkeebin Nene TLH 32301
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. Pres. Marvin W Stewart 969 Lasterlo TLH FL 32310
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Joel D Salley 11/4/02 (850)562-3020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #