

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L63500

**Entity Name:** ACCURATE FIRE SPRINKLERS INSTALLATIONS, INC.

**FILED**  
**Jan 09, 2017**  
**Secretary of State**  
**CC0875964780**

**Current Principal Place of Business:**

109 PARADISE HARBOUR BOULEVARD  
115  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

109 PARADISE HARBOUR BOULEVARD  
115  
NORTH PALM BEACH, FL 33408 US

**FEI Number: 65-0189940**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NESCI, DOMINICK  
14939 99TH STREET NORTH  
WEST PALM BEACH, FL 33412 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title TSD  
Name NESCI, RUTH  
Address 14939 99TH STREET NORTH  
City-State-Zip: WEST PALM BEACH FL 33412

Title PD  
Name NESCI, DOMINICK  
Address 14939 99TH STREET NORTH  
City-State-Zip: WEST PALM BEACH FL 33412

Title VP  
Name NESCI, DOMINICK J  
Address 109 PARADISE HARBOUR  
BOULEVARD  
115  
City-State-Zip: NORTH PALM BEACH FL 33408

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: RUTH NESCI**

**SEC./TRES.**

**01/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date