

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 341860

1. Entity Name

JACKSONVILLE FIRE & SAFETY EQUIPMENT CO., INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90083 043 ***150.00

Principal Place of Business

Mailing Address

INC.
3225 PEARL STREET (P O BOX 3237)
JACKSONVILLE FL. 32206

INC.
3225 PEARL STREET (P O BOX 3237)
JACKSONVILLE FL. 32206-0237

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1292012**

Applied For

Not Applicable

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

SCOTT, ALFRED C
137 E FORSYTH ST
JACKSONVILLE FL.

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

Alfred C. Scott

3/6/00

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	P	<input type="checkbox"/> Delete
NAME	BOATRIGHT, E.T.	
STREET ADDRESS	3524 BRAN COURT E	
CITY-ST-ZIP	JACKSONVILLE FL.	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOATRIGHT, GAIL	
STREET ADDRESS	3524 BRAN COURT E	
CITY-ST-ZIP	JACKSONVILLE FL.	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOATRIGHT, TAL	
STREET ADDRESS	ROUTE 4	
CITY-ST-ZIP	CALLAHAN FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOATRIGHT, BLAIR	
STREET ADDRESS	3535 TULA DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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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 address, with or without other like empowered.

SIGNATURE:

E.T. Boatright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
E.T. BOATRIGHT

3/6/00
Date

(904) 356-1672
Daytime Phone #

CR2E034 (9/99)