

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 341860

1. Entity Name
JACKSONVILLE FIRE & SAFETY EQUIPMENT CO., INC.



FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90329 039 ***150.00

0023903
AV

Principal Place of Business
INC.
3225 PEARL STREET (P O BOX 3237)
JACKSONVILLE FL 32206

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1292012

Applied For
Not Applicable

Zip Country

Zip Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COULSON, MICHAEL
225 WATER STREET
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Michael Coulson

4-16-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BOATRIGHT, E.T.
STREET ADDRESS 15810 JIM CT
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME BOATRIGHT, GAIL
STREET ADDRESS 12047 SUNCHASE DR
CITY-ST-ZIP JACKSONVILLE FL 32246

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03

(904) 356-1672

Date

Daytime Phone #

CR2E034 (10/02)