

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State
03-19-2001 90042 023 ***158.75

DOCUMENT # 397481 1. Entity Name RELIABLE SPRINKLER SYSTEMS, INC																																																																																							
Principal Place of Business 2311 MARK AVE P.O. BOX 511734 PUNTA GORDA FL 33951-1734 US		Mailing Address P.O. BOX 511734 POST OFFICE BOX 1734 PUNTA GORDA FL 33951-1734 US																																																																																					
2. Principal Place of Business 610 CHARLOTTE ST Suite, Apt. #, etc. Unit D		3. Mailing Address Suite, Apt. #, etc. 																																																																																					
City & State PUNTA GORDA, FL.		City & State 																																																																																					
Zip 33950	Country Charlotte	Zip 	Country 																																																																																				
6. Name and Address of Current Registered Agent MACOMBER, ROBERT M. 2311 MARK AVENUE PUNTA GORDA FL 33952		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>																																																																																					
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 _____ (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) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State																																																																																					
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">11. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;"> <input type="checkbox"/> Delete PD MACOMBER, ROBERT M </td> <td style="width: 30%;">TITLE</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P ROBERT M. MACOMBER </td> </tr> <tr> <td>NAME</td> <td>2311 MARK AVENUE</td> <td>NAME</td> <td>2311 MARK AVE</td> </tr> <tr> <td>STREET ADDRESS</td> <td>PUNTA GORDA FL</td> <td>STREET ADDRESS</td> <td>PUNTA GORDA, FL 33950</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Delete SD MACOMBER, DIANNE </td> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>NAME</td> <td>2311 MARK AVENUE</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PUNTA GORDA FL</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Delete </td> <td>TITLE</td> <td> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ✓ MICHAEL D. MACOMBER </td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td>30361 ALDER RD.</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td>PUNTA GORDA, FL 33982</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Delete </td> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Delete </td> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>				11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	<input type="checkbox"/> Delete PD MACOMBER, ROBERT M	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P ROBERT M. MACOMBER	NAME	2311 MARK AVENUE	NAME	2311 MARK AVE	STREET ADDRESS	PUNTA GORDA FL	STREET ADDRESS	PUNTA GORDA, FL 33950	CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete SD MACOMBER, DIANNE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	NAME	2311 MARK AVENUE	NAME		STREET ADDRESS	PUNTA GORDA FL	STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete 	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ✓ MICHAEL D. MACOMBER	NAME		NAME	30361 ALDER RD.	STREET ADDRESS		STREET ADDRESS	PUNTA GORDA, FL 33982	CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete 	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete 	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
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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 all other like empowered.																																																																																							
SIGNATURE: <u><i>Diane Macomber</i></u> DIANNE MACOMBER 3/15/01 941-629-3232 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																							



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)