

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90075 043 ***550.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 460463

1. Entity Name

UNITED SPRINKLER, INC.

Principal Place of Business

Mailing Address

9755 STAR TR.
 NEW PORT RICHEY FL 34654

9755 STAR TR.
 NEW PORT RICHEY FL 34654-2547

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1552037

Applied For

Not Applicable

Zip

Country

Zip

Country

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

THOMS, GUNNAR
9755 STAR TR.
NEW PORT RICHEY FL 34654

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

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	PD	<input type="checkbox"/> Delete
NAME	THOMS, GUNNAR	
STREET ADDRESS	9755 STAR TR.	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	THOMS, CAROLYN	
STREET ADDRESS	9755 STAR TR.	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	THOMS, JAMES	
STREET ADDRESS	9755 STAR TR.	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	THOMS, MICHAEL	
STREET ADDRESS	9755 STAR TR.	
CITY-ST-ZIP	NEW PT. RICHEY 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 an address, with all other like empowered.

SIGNATURE: *Carolyn Thoms* **CAROLYN THOMS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-00
 Date

727-868-6586
 Daytime Phone #

CR2E034 (9/99)