

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 610971

1. Entity Name

SOUTHEAST FIRE SPRINKLERS, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90116 037 ***150.00

Principal Place of Business

799 BENNETT ROAD
P.O. BOX 526100
LONGWOOD FL 32752-6100

Mailing Address

799 BENNETT ROAD
P.O. BOX 526100
LONGWOOD FL 32752-6100

2. Principal Place of Business

2801 W AIRPORT BLVD

Suite, Apt. #, etc.

3. Mailing Address

2801 W AIRPORT BLVD

Suite, Apt. #, etc.

City & State

SANFORD, FL

City & State

SANFORD, FL

Zip

32771

Country

USA

Zip

32771

Country

USA

4. FEI Number

59-1902372

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHALIN, LAWRENCE J.
225 E. ROBINSON STREET, SUITE #600
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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

TITLE PD
NAME BURKETT, JAMES R
STREET ADDRESS 799 BENNETT RD.
CITY-ST-ZIP LONGWOOD FL 32752 ☐ Delete

TITLE SD
NAME BURKETT, PATRICIA A
STREET ADDRESS 799 BENNETT RD.
CITY-ST-ZIP LONGWOOD FL 32752 ☐ Delete

TITLE CM
NAME BURKETT, RONALD J
STREET ADDRESS 799 BENNETT RD.
CITY-ST-ZIP LONGWOOD FL 32752 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 2801 W AIRPORT BLVD
CITY-ST-ZIP SANFORD, FL 32771 ☒ Change ☐ Addition

TITLE S/T
NAME
STREET ADDRESS 2801 W. AIRPORT BLVD
CITY-ST-ZIP SANFORD, FL 32771 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 2801 W. AIRPORT BLVD
CITY-ST-ZIP SANFORD, FL 32771 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 688-1949

CR2E034 (9/99)