

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90037 015 ***150.00

DOCUMENT # 656126

1. Entity Name

HI-RISE SAFETY SYSTEMS, INC.

Principal Place of Business

**6900 SW 21ST COURT
UNIT 15
DAVIE FL 33317
US**

Mailing Address

**6900 SW 21ST COURT
UNIT 15
DAVIE FL 33317
US**

2. Principal Place of Business

6490 Griffin Road

Suite, Apt. #, etc.

3. Mailing Address

6490 Griffin Road

Suite, Apt. #, etc.

City & State

Davie FL

City & State

Davie FL

Zip

33314

Country

US

Zip

33314

Country

US

4. FEI Number

59-1979014

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WHARTON, EDWARD M.
6900 SW 21 COURT
DAVIE FL 33317**

7. Name and Address of New Registered Agent

Name **Edward M. Wharton**
Street Address (P.O. Box Number is Not Acceptable)
6490 Griffin Road
City **Davie** FL Zip Code **33314**

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 *Edward Wharton* **Edward Wharton** **01/08/02**
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, 2002 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 **DP** ☐ Delete
NAME **WHARTON, EDWARD M.**
STREET ADDRESS **10151 SW 15 PLACE**
CITY-ST-ZIP **DAVIE FL**

TITLE **SD** ☐ Delete
NAME **CALLAHAN, CINDY L**
STREET ADDRESS **8036 NW 41 CT**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **DVP** ☐ Delete
NAME **GEISMAR, JANET**
STREET ADDRESS **8314 SW 42 CT**
CITY-ST-ZIP **DAVIE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: *Cindy L. Callahan* **CINDY L. CALLAHAN** **01/08/02** **954-474-3789**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)